



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Non-Profit
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024

1. Corporate ID No. 000940985

2. Name of Corporation AmeriHealth Caritas Partnership

3. State of Incorporation

State: PA

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

624110

4. Principal Office Address

No. and Street: 200 STEVENS DRIVE

City or Town: PHILADELPHIA

State: PA

Zip: 19113

Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

PROMOTE AND ADVANCE HEALTH EQUITY FOR ALL BY CONDUCTING HEALTH PROMOTION AND PREVENTION PROGRAMS THAT ADDRESS PREVALENCE OF DISEASE IN VULNERABLE AND UNDERSERVED POPULATIONS.

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	CHRISTOPHER DRUMM	200 STEVENS DR PHILADELPHIA, PA 19113 USA
TREASURER	STEVE BOHNER	200 STEVENS DR PHILADELPHIA, PA 19113 USA
SECRETARY	REBECCA ENGLEMAN	200 STEVENS DR PHILADELPHIA, PA 19113 USA
VICE PRESIDENT	ANDREA GELZER	200 STEVENS DR PHILADELPHIA, PA 19113 USA
DIRECTOR	KAREN DALE	200 STEVENS DR PHILADELPHIA, PA 19113 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

CORPORATE CREATIONS NETWORK INC. 10 DORRANCE STREET, SUITE 700 PROVIDENCE , RI 02903

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 11 Day of April, 2024 at 4:13:54 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By MAIA LEE
Signature of Authorized Person

Form No. 631
Revised 09/07

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