



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

**Non-Profit Corporation
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. 000155096

2. Name of Corporation The Molar Express

3. State of Incorporation

State: RI

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

813212

4. Principal Office Address

No. and Street: 1 CAPITAL WAY

City or Town: CRANSTON State: RI Zip: 02910 Country: USA

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

SUPPORTING COMMUNITY HEALTH CENTERS THAT ARE TAX-EXEMPT UNDER SECTION 501C(3) OF THE CODE

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	JOANNE MCGUNAGLE	311 DORIC AVENUE CRANSTON, RI 02910 USA
SECRETARY	COLLEEN ST. JOHN	450 CLINTON ST. WOONSOCKET, RI 02895 USA
VICE PRESIDENT	RILWAN FEYISITAN	19 BROADWAY NEWPORT, RI 02940 USA
DIRECTOR	WILLIAM HOCHSTRASSER-WALSH	311 DORIC AVE CRANSTON, RI 02910 USA
DIRECTOR	JEANNE LACHANCE	450 CLINTON ST WOONSOCKET, RI 02895 USA
DIRECTOR	KATE MURPHY	45 GAY STREET PROVIDENCE , RI 02905 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

DON E. WINEBERG, ESQ. ONE PARK ROW, SUITE 300 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 19 Day of April, 2024 at 2:59:26 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 JOANNE MCGUNAGLE
Signature of Authorized Person

Form No. 631
Revised 09/07

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