



**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. 001749426

2. Name of Corporation CharterCARE Roger Williams Medical Center

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

622110

4. Principal Office Address

No. and Street: 825 CHALKSTONE AVENUE

City or Town: PROVIDENCE

State: RI Zip: 02908 Country: USA

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

THE CORPORATION IS ORGANIZED AND AT ALL TIMES SHALL BE OPERATED
EXCLUSIVELY
FOR CHARITABLE, RELIGIOUS, SCIENTIFIC, OR EDUCATIONAL PURPOSES WITHIN
THE
MEANING OF SECTION 501(C)(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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	GREG GROVE	3060 PEACHTREE RD NW, STE. 1030 ATLANTA, GA 30305 USA
SECRETARY	GREG GROVE	3060 PEACHTREE RD NW, STE. 1030 ATLANTA, GA 30305 USA
CHAIR	BEN MINGLE	3060 PEACHTREE RD NW, STE. 1030 ATLANTA, GA 30305 USA
VICE PRESIDENT	GREG GROVE	3060 PEACHTREE RD NW, STE. 1030 ATLANTA, GA 30305 USA
DIRECTOR	JEFF LIEBMAN	825 CHALKSTONE AVE PROVIDENCE, RI 02908 USA
DIRECTOR	BEN MINGLE	3060 PEACHTREE RD NW, STE. 1030 ATLANTA, GA 30305 USA
DIRECTOR	GREG GROVE	3060 PEACHTREE RD NW, STE. 1030 ATLANTA, GA 30305 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

CHACE RUTTENBERG & FREEDMAN, LLP 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 22 Day of April, 2024 at 11:34:57 AM 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 BEN MINGLE
Signature of Authorized Person

Form No. 631
Revised 09/07