RI SOS Filing Number: 202452490240 Date: 4/25/2024 10:17:00 AM



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**: <u>2024</u>

- 1. Corporate ID No. 000074941
- 2. Name of Corporation Spectrum Health Systems, Inc.
- 3. State of Incorporation

State: MA

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 <u>click here.</u>

NAICS Code

<u>622210</u>

4. Principal Office Address

No. and Street: 10 MECHANIC STREET, SUITE 302

City or Town: WORCESTER State: \underline{MA} Zip: $\underline{01608}$ Country: \underline{USA}

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

DRUG AND ALCOHOL TREATMENT, PREVENTION AND EDUCATION, ANCILLARY TREATMENT SERVICES, RESEARCH, EVALUATION AND PROGRAM DEVELOPMENT.

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

PRESIDENT	KURT A ISAACSON	16 BAY FARM LANE SOUTH GRAFTON, MA 01560 USA
TREASURER	JOSEPH ROSE	8 PITCAIRN WAY IPSWICH, MA 01938 USA
SECRETARY	SUSAN SUCHOCKI-BROWN	80 MILL GLEN ROAD WINCHENDON, MA 01475 USA
ASSISTANT SECRETARY	GARTH JOHNSON	71 SCHOOL STREET SHREWSBURY, MA 01545 USA
DIRECTOR	DAVID FELPER	61 MAGILL DRIVE GRAFTON, MA 01519 USA
CHAIRPERSON	CHERYL GALLANT	28 WHISPERSON PINE CIRCLE WORCESTER, MA 01606 USA
VICE CHAIRPERSON	VERILYN MITCHELL	42 SUMMIT STREET CLINTON, MA 01510 USA
DIRECTOR	JOHN RENNER	11 BRADDOCK PARK #A BOSTON, MA 02116 USA
DIRECTOR	BRIAN GARRITY	6 TALBOT ROAD HINGHAM, MA 02043 USA
DIRECTOR	BRENDA JENKINS	13 BENEFIT STREET WORCESTER, MA 01610 USA
DIRECTOR	JEROAN ALLISON	15 WESTLAND STREET WORCESTER, MA 01602 USA
DIRECTOR	JAMES CELESTIN	12 STONEHOLM STREET #623 BOSTON, MA 02115 USA
DIRECTOR	THOMAS TURCO III	118 BRYN MAWR AVENUE AUBURN, MA 01501 USA
DIRECTOR	KASHIF SADDIQUI	64 DONIZETTI STREET WELLESLEY, MA 02482 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

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

Signed this 25 Day of April, 2024 at 10:20:31 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 KURT ISAACSON

Signature of Authorized Person

Form No. 631 Revised 09/07	
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