



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS BSD
24 NOV 7 AM 10:35:38

1. Entity ID Number <u>001764486</u>		2. Exact name of the Corporation <u>RI Community Health Workers COOP</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>provide supportive services for community health workers</u>	
4. NAICS Code			
6. Principal Office Address <u>52 PROSCOTT ST</u>		City <u>PROVIDENCE</u>	State <u>RI</u> Zip <u>02908</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>RONAN CARBUCCIA</u>		Vice-President Name	
Street Address <u>52 PROSCOTT ST</u>		Street Address	
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02908</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name <u>RONAN CARBUCCIA</u>		Director Name <u>VACANT</u>	
Street Address <u>52 PROSCOTT ST</u>		Street Address	
City <u>PROV</u>	State <u>RI</u>	Zip <u>02908</u>	
Director Name <u>VACANT</u>		Director Name	
Street Address		Street Address	
City	State	Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative <u>RONAN CARBUCCIA</u>			Date <u>11/4/2024</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

NOV 7 2024

BY TXDQC

FORM 631- Revised 04/2023

REC'D RIDGEBORO
24 NOV 7 AM 10:35:45

I ~~KOREA~~ CARBUCCIA,

Declare THAT I AM THE SOLE DIRECTOR
OF RI COMMUNITY HEALTH WORKERS COOP
ID # 001766486.

AS OF 11/4/2024 I REQUEST DISSOLUTION OF
RI COMMUNITY HEALTH WORKERS COOP
ID # 001766486

Signature 

PRINT: KOREA CARBUCCIA