



State of Rhode Island
Department of State - Business Services Division

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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.

1. Entity ID Number 001749384		2. Exact name of the Corporation COMMUNITY HEALTH NETWORK, INC.			
3. State of Incorporation INDIANA		5. Brief description of the character of business conducted in Rhode Island INTEGRATED HEALTHCARE SYSTEM THAT PROVIDES A FULL CONTINUUM OF CARE			
4. NAICS Code					
6. Principal Office Address 7330 SHADELAND STATION, SUITE 200			City INDIANAPOLIS	State IN	Zip 46256
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	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 <input checked="" type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative KAREN ANN LLOYD				Date 12/06/2024	
Signature of Officer/Authorized Representative <i>Karen Ann Lloyd</i>				FILED DEC 30 2024 BY <i>XCG PB</i> 932 19	

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

DIRECTOR AND OFFICERS OF COMMUNITY HEALTH NETWORK, INC.

Name	Title	Business Address
Kristin Sherman	Chairman & Director	7330 Shadeland Station, Suite 200, Indianapolis, IN 46256
Gary Aletto	Director	7330 Shadeland Station, Suite 200, Indianapolis, IN 46256
Jason Becker	Director	7330 Shadeland Station, Suite 200, Indianapolis, IN 46256
Rodney Cotton	Director	7330 Shadeland Station, Suite 200, Indianapolis, IN 46256
Bruce King	Director	7330 Shadeland Station, Suite 200, Indianapolis, IN 46256
Bryan Mills	Director	7330 Shadeland Station, Suite 200, Indianapolis, IN 46256
Annette Moore, M.D.	Director	7330 Shadeland Station, Suite 200, Indianapolis, IN 46256
Charles Platz, M.D.	Director	7330 Shadeland Station, Suite 200, Indianapolis, IN 46256
Rafael Sanchez	Director	7330 Shadeland Station, Suite 200, Indianapolis, IN 46256
Charles Vore, M.D.	Director	7330 Shadeland Station, Suite 200, Indianapolis, IN 46256
Marina Hadjioannou Waters	Director	7330 Shadeland Station, Suite 200, Indianapolis, IN 46256
Brian Williams	Director	7330 Shadeland Station, Suite 200, Indianapolis, IN 46256
Bryan A Mills	President & CEO	7330 Shadeland Station, Suite 200, Indianapolis, IN 46256
Jason Becker	Treasurer	7330 Shadeland Station, Suite 200, Indianapolis, IN 46256
Kyle B Fisher	Assistant Treasurer, CFO	7330 Shadeland Station, Suite 200, Indianapolis, IN 46256
Brian Williams	Secretary	7330 Shadeland Station, Suite 200, Indianapolis, IN 46256
Patricia Raney	Assistant Secretary	7330 Shadeland Station, Suite 200, Indianapolis, IN 46256