



**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 2025: 2025

1. Corporate ID No. 000026279

2. Name of Corporation Thundermist Health 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
621498

4. Principal Office Address

No. and Street: 171 SERVICE AVENUE
SERVICE AVENUE

City or Town: WARWICK State: RI Zip: 02886 Country: USA

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

PRIVATE, NONPROFIT, COMPREHENSIVE COMMUNITY HEALTH CENTER

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
-------	-----------------	---------

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
CEO	CHARLES JONES	171 SERVICE AVENUE WARWICK, RI 02886 USA
DIRECTOR	MARY ELLEN CANIGLIA	31 TABER STREET WEST KINGSTON, RI 02892 USA
SECRETARY	LINDA CANNISTRA	87 RIDGE ROAD SMITHFIELD, RI 02917 USA
DIRECTOR	TIMOTHY HENRY	25 CLIFF AVENUE CRANSTON, RI 02920 USA
VICE CHAIRPERSON	VICTORIA GERMAIN	89 OAK STREET WESTERLY, RI 02891 USA
CHAIRPERSON	ERIN COONEY	729B WASHINGTON STREET COVENTRY, RI 02816 USA
DIRECTOR	ANDREA ROLLIN	19 PROVIDENCE STREET WEST WARWICK, RI 02893 USA
DIRECTOR	LAWRENCE TRIM	2 FAIRWAY DRIVE BARRINGTON, RI 02806 USA
DIRECTOR	SARAH DELAPORTA MD	18 CLARK MILL STREET COVENTRY, RI 02816 USA
DIRECTOR	CHERYL KING	1207 MENDON ROAD WOONSOCKET, RI 02895 USA
DIRECTOR	DAVID VALOIS	60 A NARRAGANSETT AVE NARRAGANSETT, RI 02882 USA
DIRECTOR	DAVID LARSEN	88 PINECREST DRIVE PAWTUCKET, RI 02861 USA
DIRECTOR	CHRIS KOLLER	87 GREENWOOD AVE EAST PROVIDENCE, RI 02916 USA
DIRECTOR	IVONNE RODRIGUEZ	520 PUTNAM PIKE GREENVILLE, RI 02828 USA
DIRECTOR	TODD CONKLIN	45 WILLARD AVE PROVIDENCE, RI 02905 USA
DIRECTOR	MARK KNOTT	28 PINE ORCHARD RD WEST WARWICK, RI 02893 USA
DIRECTOR	DEB RUGGIERO	78 COLUMBIA AVE JAMESTOWN, RI 02835 USA
DIRECTOR	MIKE SOUZA	35 MORTON AVENUE NORTH DARTMOUTH, MA 02747 USA
DIRECTOR	DAN WARNER	120 GONDOLA AVENUE JAMESTOWN, RI 02835 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**

JEANNE LACHANCE 171 SERVICE AVENUE BUILDING 2 WARWICK , RI 02886

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

Signed this 10 Day of January, 2025 at 11:12:41 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 CHARLES JONES
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2025 State of Rhode Island
All Rights Reserved