



**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. 000074579

2. Name of Corporation The Rhode Island Public Health Foundation

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

923120

4. Principal Office Address

No. and Street: 7 CENTRAL STREET

City or Town: PROVIDENCE

State: RI

Zip: 02907

Country: USA

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

TO ASSIST THE RI DEPT OF HEALTH IN OBTAINING AND
EXPEDITING COMPETITIVE PUBLIC HEALTH RESEARCH, DEVELOPMENT,
PROJECTS.

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
PRESIDENT	MARK TRACY	39 CHAPIN ROAD BARRINGTON, RI 02806 USA
TREASURER	PETER COSTA	27 OLD CHIMNEY RD BARRINGTON, RI 02806 USA
EX OFFICIO	AMY NUNN	PO BOX 6088 PROVIDENCE, RI 02904 USA
DIRECTOR	JASON PRECIPHS	PO BOX 6088 PROVIDENCE, RI 02907 USA
DIRECTOR	JOHN KELLY	1000 EDDY STREET PROVIDENCE, RI 02905 USA
DIRECTOR	CHRIS RAIA	PO BOX 6088 PROVIDENCE, RI 02907 USA
DIRECTOR	JENNIFER TOMASIK	PARK SQ. - 31 JAMES AVE-STE 720 BOSTON, MA 02116 USA
DIRECTOR	LEONARD GREEN MPH	17 DRUID ROAD WARWICK, RI 02888 USA
DIRECTOR	MELISSA SANZARO	100 BROAD ST PROVIDENCE, RI 02903 USA
DIRECTOR	TERRIE WETLE PHD	121 SOUTH MAIN STREET PROVIDENCE, RI 02912 USA
DIRECTOR	PETER CORRIANDER	PO BOX 6088 PROVIDENCE, RI 02904 USA
DIRECTOR	AMY GOLDFARB	PO BOX 6088 PROVIDENCE, RI 02904 USA
DIRECTOR	RICHARD DEFILIPPO	99 DELWAY RD EAST PROVIDENCE, RI 02902 USA
DIRECTOR	SANDRA POWELL	3 CAPITOL HILL, RI 02908 USA
DIRECTOR	LISA CARCIERI	910 DOUGLAS PIKE SMITHFIELD, RI 02917 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

DON E. WINEBERG 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 19 Day of February, 2025 at 5:20:26 PM 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 LYNNE MALONE
Signature of Authorized Person

Form No. 631
Revised 09/07

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