

# 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 <u>click here.</u>

**NAICS** Code

<u>923120</u>

## 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 EXPEDITINGCOMPETITIVE 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<br>First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|------------|--|---|
| PRESIDENT  | MARK TRACY                                     | 39 CHAPIN ROAD<br>BARRINGTON, RI 02806 USA              |
| TREASURER  | PETER COSTA                                    | 27 OLD CHIMNEY RD<br>BARRINGTON, RI 02806 USA           |
| EX OFFICIO | AMY NUNN                                       | PO BOX 6088<br>PROVIDENCE, RI 02904 USA                 |
| DIRECTOR   | JASON PRECIPHS                                 | PO BOX 6088<br>PROVIDENCE, RI 02907 USA                 |
| DIRECTOR   | JOHN KELLY                                     | 1000 EDDY STREET<br>PROVIDENCE, RI 02905 USA            |
| DIRECTOR   | CHRIS RAIA                                     | PO BOX 6088<br>PROVIDENCE, RI 02907 USA                 |
| DIRECTOR   | JENNIFER TOMASIK                               | PARK SQ 31 JAMES AVE-STE 720<br>BOSTON, MA 02116 USA    |
| DIRECTOR   | LEONARD GREEN MPH                              | 17 DRUID ROAD<br>WARWICK, RI 02888 USA                  |
| DIRECTOR   | MELISSA SANZARO                                | 100 BROAD ST<br>PROVIDENCE, RI 02903 USA                |
| DIRECTOR   | TERRIE WETLE PHD                               | 121 SOUTH MAIN STREET<br>PROVIDENCE, RI 02912 USA       |
| DIRECTOR   | PETER CORRIANDER                               | PO BOX 6088<br>PROVIDENCE, RI 02904 USA                 |
| DIRECTOR   | AMY GOLDFARB                                   | PO BOX 6088<br>PROVIDENCE, RI 02904 USA                 |
| DIRECTOR   | RICHARD DEFILIPPO                              | 99 DELWAY RD<br>EAST PROVIDENCE, RI 02902 USA           |
| DIRECTOR   | SANDRA POWELL                                  | 3<br>CAPITOL HILL, RI 02908 USA                         |
| DIRECTOR   | LISA CARCIERI                                  | 910 DOUGLAS PIKE<br>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 © 2007 - 2025 State of Rhode Island All Rights Reserved