

State of Rhode Island **Department of State - Business Services Division**

MAR **0** 6 2025

Annual Report for the year: 2025

Non-Profit Corporation

→ Filing period: February 1 - May 1

(BA)	BY	104	
マン		<u> </u>	

→ Filing Fee \$20.00 → Penalty: Additional \$25.00 fee	if form is not filed b	y May 31.						
1. Entity ID Number	2. Exact name	2. Exact name of the Corporation						
000089957	The Rhoo	The Rhode Island Public Health Association						
3. State of Incorporation		5 Brief description of the character of business conducted in Rhode Island						
Rhode Island		Non-profit volunteer organization providing education and advocacy for						
4 NAICS Code	public heal	tn.						
813920								
6. Principal Office Address			City	State	Zip			
c/o Carelink, 400 Massasoit Ave., Suite 300			East Providence	RI	02914			
7. List ALL officers (names and a	addresses)		Check the box to indicate an attachment					
President Name Larry O. Warner			Vice-President Name Imm Past President Kerri Warren					
Street Address United Way, 50 Valley Street			Street Address 92 Cherokee Drive					
^{City} Providence	State RI	^{Zip} 02909	City Portsmouth	State RI	Zip 02871			
Secretary Name None			Treasurer Name Christine West					
Street Address			Street Address 16 Kathleen Drive					
City	State	Zip	^{City} Westerly	State RI	7 02891			
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment								
Director Name Patricia Markham-Risica			Director Name Chris Gadbois					
Street Address Brown School of PH, 121 S Main Street			Street Address 400 Massasoit Ave Suite 300					
^{City} Providence	State RI	Z _{IP} 02912	^{City} East Providence	State RI	02914			
Director Name Shelby Perry			Director Name Sidra Scharff					
Street Address NEIT, 1 New England Tech Boulevard,			Street Address RI Dept of Health 3 Capitol Hill					
City East Greenwich	State RI	^{Zip} 02818	^{Crty} Providence	State RI	^{Z p} 02908			
9. The Registered Agent inform	ation of record with	the RI Department	of State is accurate. Changes req	uire filing Form 64	1			
Under penalty of perjury, I de statements, and that all state	clare and affirm t ments contained	hat I have examine herein are true and	d this report, including any according	ompanying sched	dules and			
			ecretary, Troasurer, duly Authorized Repres	entative, Receiver or Tr	us!ee			
Name of Officer/Authorized Re	Date							
Christine West				02/24/2025				
Signatore of Officer/Authorized	Representative							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ni.gov

t5 bb8°