



**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

**Foreign Non-Profit  
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.** 000102508

**2. Name of Corporation** The Fishing Partnership Health Plan Corporation

**3. State of Incorporation**

State: MA

**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

813319

**4. Principal Office Address**

No. and Street: 398 COUNTY STREET

City or Town: NEW BEDFORD State: MA Zip: 02740 Country: USA

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

TO PROVIDE AFFORDABLE HEALTH INSURANCE TO MEMBERS OF THE FISHING INDUSTRY.

**6. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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PRESIDENT	STEVE TRINGALE	93 AVALON ROAD READING, MA 01867 USA
TREASURER	CARMEL SHACHAR	121 WALDEN STREET CAMBRIDGE, MA 02140 USA
CLERK	PEGGY L. SLASMAN	104 NEWBRIDGE ROAD SUDBURY, MA 01772 USA
EX OFFICIO	JOHN R BARTLETT JR.	64 DEARBORN STREET NEWTON, MA 02465 USA
DIRECTOR	JOHN PRESCOTT	94 VALLEY STREET DUXBURY, MA 02332 USA
DIRECTOR	JAMES KENDALL	19 WEAVER STREET NEW BEDFORD, MA 02740 USA
DIRECTOR	GRAHAM SHALGIAN	273 FRANKLIN STREET BRAINTREE, MA 02184 USA
DIRECTOR	ANGELA SANFILIPPO	3 BEAUPORT AVENUE GLOUCESTER, MA 01930 USA
DIRECTOR	ANNE LEVINE	81 INTERVALLE ROAD NEWTON CENTRE, MA 02459 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**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
PROVIDENCE , RI 02914

**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 March, 2025 at 11:08:17 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 JOHN R BARTLETT  
Signature of Authorized Person

Form No. 631  
Revised 09/07