



**State of Rhode Island
Office of the Secretary of State**

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Domestic Non-Profit
Annual Report - Amended**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-1.2-1501(e), 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.

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2025

1. Corporate ID No. 000089957

2. Name of Corporation THE RHODE ISLAND PUBLIC HEALTH ASSOCIATION

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

813920

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 148 ATWOOD AVE #321

City or Town: CRANSTON

State: RI

Zip: 02920

Country: USA

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

PROMOTE THE HEALTH OF ALL PERSONS LIVING IN THE STATE OF RI.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	LARRY O WARNER	UNITED WAY, 50 VALLEY STREET PROVIDENCE, RI 02909 USA
TREASURER	CHRISTINE WEST	16 KATHLEEN DRIVE WESTERLY, RI 02891 USA
ADVOCACY CHAIR	PATRICIA MARKHAM-RISICA	BROWN SCHOOL OF PUBLIC HEALTH, 121 S. MAIN STREET PROVIDENCE, RI 02912 USA
COMMUNICATIONS CO-CHAIR	SHELBY PERRY	NEIT, 1 NEW ENGLAND TECH BOULEVARD EAST GREENWICH, RI 02818 USA
APHA LIAISON	SOUMYADEEP MUKHERJEE	60 MASTHEAD DRIVE #406 NORTH PROVIDENCE, RI 02904 USA
MEMBERSHIP CO-CHAIR	JANE MBOGO FERNANDEZ	50 PARK ROW WEST PROVIDENCE, RI 02907 USA
ANNUAL MEETING CHAIR	JENNA WAHL	BROWN SCHOOL OF PUBLIC HEALTH, 121 S. MAIN STREET PROVIDENCE, RI 02903 USA
IMMEDIATE PAST PRESIDENT	KERRI WARREN	92 CHEROKEE DRIVE PORTSMOUTH, RI 02871 USA
DIRECTOR	INEIDA LOPES ROCHA	65 WOODBURY STREET PAWTUCKET, RI 02861 USA
DIRECTOR	ERICA LAMY	RI DEPARTMENT OF HEALTH, 3 CAPITOL HILL ROOM 302 PROVIDENCE, RI 02908 USA
DIRECTOR	SIDRA SCHARFF	RI DEPARTMENT OF HEALTH, 3 CAPITOL HILL ROOM 302 PROVIDENCE, RI 02908 USA
DIRECTOR	MAGALI ANGELONI	1 PLEASANT AVENUE, UNIT 5 NORTH PROVIDENCE, RI 02911 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

LARRY WARNER 148 ATWOOD AVE #321 CRANSTON , RI 02920

Signed this 4 Day of April, 2025 at 12:57:17 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 LARRY O. WARNER
Signature of Authorized Person

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