



**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.** 001781754

**2. Name of Corporation** TEAM HEART, INC.

**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

813212

**4. Principal Office Address**

No. and Street: 1150 WALNUT STREET, 2ND FLOOR

City or Town: NEWTON HIGHLANDS

State: MA Zip: 02461 Country: USA

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

CHARITABLE PURPOSES - SINCE 2007, TEAM HEART, A VOLUNTEER-BASED  
NON-PROFIT,  
HAS BEEN WORKING IN RWANDA  
TO INCREASE ACCESS TO CARDIAC CARE FOR THE VULNERABLE POPULATION.  
THROUGH  
PARTNERSHIPS WITH THE RWANDAN  
MINISTRY OF HEALTH, THE RWANDAN BIOMEDICAL CENTER AND KING FAISAL  
HOSPITAL.

AND OTHER NGO'S WORKING  
IN THIS SPACE, A 17-YEAR PARTNERSHIP HAS LED TO THE SURGICAL  
INTERVENTION  
OF MORE THAN 250 YOUNG ADULTS  
SUFFERING FROM RHD. A MENTORING PROGRAM FOR SKILL TRANSFER AND  
EDUCATION  
THROUGH THE SCHOLARSHIP FOR TWO  
SURGEONS IN CARDIAC SURGICAL TRAINING ABROAD, A NURSE  
SPECIALIZATION IN  
CARDIAC CARE, TRAINING, AND SUPPORT  
OF ECHO-CARDIOGRAPHY SKILLS IN NCD CLINICS, AND PREVENTION,  
AWARENESS, AND  
EARLY DIAGNOSIS OF RHEUMATIC  
HEART DISEASE WITH LOCAL CIVIC ORGANIZATIONS.

MISSION STATEMENT:

TO ADDRESS THE BURDEN OF CARDIOVASCULAR DISEASE IN RWANDA BY  
INCREASING  
ACCESS TO CARE THROUGH SHARING  
DATA, IMPROVEMENT OF FACILITIES, EDUCATION AND SKILL TRANSFER, AND  
ACCESS  
TO ESSENTIAL CARDIAC MEDICATIONS  
AND SUPPLIES FOR ALL.

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

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

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	RALPH BOLMAN MD	1150 WALNUT STREET, 2ND FLOOR NEWTON HIGHLANDS, MA 02461 USA
TREASURER	GEORGE DUCASSE	1150 WALNUT STREET, 2ND FLOOR NEWTON HIGHLANDS, MA 02461 USA
CLERK	KRISTIN CALHENO	1150 WALNUT STREET, 2ND FLOOR NEWTON HIGHLANDS, MA 02461 USA
EXECUTIVE DIRECTOR AND BOARD MEMBER	CECILIA PATTON	1150 WALNUT STREET, 2ND FLOOR NEWTON HIGHLANDS, MA 02461 USA
DIRECTOR	DAVID WILSON ESQ	1150 WALNUT STREET, 2ND FLOOR NEWTON HIGHLANDS, MA 02461 USA
DIRECTOR	POORNIMA BEDI	1150 WALNUT STREET, 2ND FLOOR NEWTON HIGHLANDS, MA 02461 USA
DIRECTOR	DIRKSEN LEHMAN	1150 WALNUT STREET, 2ND FLOOR NEWTON HIGHLANDS, MA 02461 USA
DIRECTOR	DOUG FERGUSON	1150 WALNUT STREET, 2ND FLOOR NEWTON HIGHLANDS, MA 02461 USA

DIRECTOR	AMY FIELDER MD	1150 WALNUT STREET, 2ND FLOOR NEWTON HIGHLANDS, MA 02461 USA
DIRECTOR	JABARIS SWAIN MD	1150 WALNUT STREET, 2ND FLOOR NEWTON HIGHLANDS, MA 02461 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**

URS AGENTS, LLC 222 JEFFERSON BLVD STE 200 WARWICK , RI 02888

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 9 Day of April, 2025 at 12:51:10 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 CELCILIA PATTON  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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