



**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. 001749426

2. Name of Corporation CharterCARE Roger Williams Medical Center

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 [click here](#).

NAICS Code

622110

4. Principal Office Address

No. and Street: 825 CHALKSTONE AVENUE

City or Town: PROVIDENCE

State: RI Zip: 02908 Country: USA

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

THE CORPORATION IS ORGANIZED AND AT ALL TIMES SHALL BE OPERATED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, SCIENTIFIC, OR EDUCATIONAL PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE CODE

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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	BENJAMIN M. MINGLE	3050 PEACHTREE ROAD NW SUITE 580 ATLANTA, GA 30305 USA
TREASURER	GREGORY GROVE	3050 PEACHTREE ROAD NW, SUITE 580 ATLANTA, GA 30305 USA
SECRETARY	GREGORY GROVE	3050 PEACHTREE ROAD NW, SUITE 580 ATLANTA, GA 30305 USA
DIRECTOR	JEFF LIEBMAN	825 CHALKSTONE AVENUE PROVIDENCE, RI 02908 USA
DIRECTOR	DR. PONNANDAI SOMASUNDER	825 CHALKSTONE AVENUE PROVIDENCE, RI 02908 USA
DIRECTOR	DR. JOHN STOUKIDES	825 CHALKSTONE AVENUE PROVIDENCE, RI 02908 USA
DIRECTOR	DR. ALVES	825 CHALKSTONE AVENUE PROVIDENCE, RI 02908 USA
DIRECTOR	DR. MICHAEL C. MARIORENZI	825 CHALKSTONE AVENUE PROVIDENCE, RI 02908 USA
DIRECTOR	DR. ALBERT SCAPPATICCI	825 CHALKSTONE AVENUE PROVIDENCE, RI 02908 USA
DIRECTOR	JIM SALOME	825 CHALKSTONE AVENUE PROVIDENCE, RI 02908 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**

MCLAUGHLINQUINN LLC 148 WEST RIVER STREET SUITE 1E PROVIDENCE , RI 02904

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

Signed this 29 Day of April, 2025 at 2:12:50 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 BENJAMIN M. MINGLE
Signature of Authorized Person

© 2007 - 2025 State of Rhode Island
All Rights Reserved