



**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. 000998107

2. Name of Corporation Care Transformation Collaborative of RI

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

541611

4. Principal Office Address

No. and Street: 235 PROMENADE STREET
SUITE 500, BOX 18

City or Town: PROVIDENCE State: RI Zip: 02908 Country: USA

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

TO LEAD THE TRANSFORMATION OF PRIMARY CARE IN RHODE ISLAND AND RELATED ACTIVITIES

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
DIRECTOR	CAROLINE RICHARDSON MD	235 PROMENADE STREET, SUITE 500, BOX 18 PROVIDENCE, RI 02908 USA
DIRECTOR	PAUL LARSON MD, MS, MB	235 PROMENADE STREET, SUITE 500, BOX 18 PROVIDENCE, RI 02908 USA
DIRECTOR	MATTHEW HARVEY MPP	235 PROMENADE STREET, SUITE 500, BOX 18 PROVIDENCE, RI 02908 USA
DIRECTOR	MAUREEN MAIGRET, RN, BS, MPA	235 PROMENADE STREET, SUITE 500, BOX 18 PROVIDENCE, RI 02908 USA
DIRECTOR	AMY NUNN, MS, SCD	235 PROMENADE STREET, SUITE 500, BOX 18 PROVIDENCE, RI 02908 USA
DIRECTOR	AL CHARBONNEAU, MPS	235 PROMENADE STREET, SUITE 500, BOX 18 PROVIDENCE, RI 02908 USA
DIRECTOR	SARAH MANGIARELLI, CPA	235 PROMENADE STREET, SUITE 500, BOX 18 PROVIDENCE, RI 02908 USA
CO-CONVENER AND DIRECTOR	CORY KING, MPP	235 PROMENADE STREET, SUITE 500, BOX 18 PROVIDENCE, RI 02908 USA
DIRECTOR	FARAH SHAFI MD	235 PROMENADE STREET, SUITE 500 BOX 18 PROVIDENCE, RI 02908 USA
DIRECTOR	LAURA STANTON, MD	235 PROMENADE STREET, SUITE 500, BOX 18 PROVIDENCE, RI 02908 USA
DIRECTOR	EUGENIO FERNANDEZ JR., PHARMD, MBA, MPH	235 PROMENADE STREET, SUITE 500, BOX 18 PROVIDENCE, RI 02908 USA
DIRECTOR	JEFFREY BORKAN, MD, PHD	235 PROMENADE STREET, SUITE 500, BOX 18 PROVIDENCE, RI 02908 USA
DIRECTOR	THOMAS BLEDSOE, MD, FACP	235 PROMENADE STREET, SUITE 500, BOX 18 PROVIDENCE, RI 02908 USA
TREASURER AND DIRECTOR	NOAH BENEDICT, MHL	235 PROMENADE STREET, SUITE 500, BOX 18 PROVIDENCE, RI 02908 USA
DIRECTOR	CHRISTOPHER OTTIANO, MD	235 PROMENADE STREET, SUITE 500, BOX 18 PROVIDENCE, RI 02908 USA
DIRECTOR	RAJ HAZARIKA, MD, SM	235 PROMENADE STREET, SUITE 500, BOX 18 PROVIDENCE, RI 02908 USA
DIRECTOR	BARRY FABIUS, MD, CMD, FACP	235 PROMENADE STREET, SUITE 500, BOX 18 PROVIDENCE, RI 02908 USA
CO-CONVENER AND DIRECTOR	KRISTIN SOUSA	235 PROMENADE STREET, SUITE 500, BOX 18 PROVIDENCE, RI 02908 USA
PRESIDENT AND DIRECTOR	PETER HOLLMANN, MD	235 PROMENADE STREET, SUITE 500, BOX 18 PROVIDENCE, RI 02908 USA
DIRECTOR	MICHELLE ANVAR, MD	235 PROMENADE STREET, SUITE 500, BOX 18 PROVIDENCE, RI 02908 USA
SECRETARY AND DIRECTOR	LARRY WARNER, DRPH	235 PROMENADE STREET, SUITE 500, BOX 18 PROVIDENCE, RI 02908 USA
DIRECTOR	HUGO YAMADA, MD	235 PROMENADE STREET, SUITE 500, BOX 18 PROVIDENCE, RI 02908 USA
DIRECTOR	DENISE COPPA, PHD, MS, NP	235 PROMENADE STREET, SUITE 500, BOX 18 PROVIDENCE, RI 02908 USA

DIRECTOR	DEBORAH MASLAND	235 PROMENADE STREET, SUITE 500, BOX 18 PROVIDENCE, RI 02908 USA
VICE PRESIDENT AND DIRECTOR	ELIZABETH LANGE, MD, FAAP	235 PROMENADE STREET, SUITE 500, BOX 18 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**

JOHN W. WOLFE, ESQ. 301 PROMENADE STREET PROVIDENCE , RI 02908

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

Signed this 16 Day of May, 2025 at 9:05:49 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 W. WOLFE, ESQ
Signature of Authorized Person

Form No. 631
Revised 09/07

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