RI SOS Filing Number: 202577259890 Date: 7/28/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
JUL 28 2025
BY 4162

RECD RIDOS BSD
'25 JUL 28 PM 12:48:21
STAMP

Annual Report for the year: 2025
Non-Profit Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1 Entity ID Number	2. Exact name of the Corporation
000103804	Occupational and Environmental Health Center of Rhode Island
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: To establish clinical health centers for workers and employers.
4. NAICS Code: 813212	

6. Principal Office Address	City	State	Zip
410 South Main Street	Providence	RI	02903

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Patrick Crowley			Vice-President Name: Michael F. Sabitoni		
Street Address: 194 Smith Street			Street Address: 410 South Main Street		
City: Providence	State: RI	Zip: 02908	City: Providence	State: RI	Zip: 02903
Secretary Name: None			Treasurer Name: George Nee		
Street Address:			Street Address: 106 Welfare Avenue		
City:	State:	Zip:	City: Cranston	State: RI	Zip: 02910

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☑

Director Name: Karen Hazard			Director Name: Kevin McElroy		
Street Address: 410 South Main Street			Street Address: 1540 Pontiac Avenue, Suite A		
City: Providence	State: RI	Zip: 02903	City: Cranston	State: RI	Zip: 02920
Director Name: Lee Ann Byrne			Director Name: Bill Demello		
Street Address: 82 Smith Street, Room 218			Street Address: 11 Hemingway Drive		
City: Providence	State: RI	Zip: 02903	City: Riverside	State: RI	Zip: 02918

9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

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

Name of Officer/Authorized Representative	Date
MARY ELLEN J. MAIO	7/28/25

Signature of Officer/Authorized Representative: Mary Ellen J. Maio

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631- Revised: 12/2023

ATTACHMENT

ANNUAL REPORT FOR THE YEAR 2025

1. Entity ID Number: 00010384

2. Exact name of the Corporation:
   Occupational and Environmental Health Center of Rhode Island

8. List ALL directors (names and addresses). ***[continued]***

   Justin Kelley
   269 Macklin Street
   Cranston, RI 02920

   Autumn Guilotte
   194 Smith Street
   Providence, RI 02908