



State of Rhode Island
Department of State - Business Services Division

FILED

JUL 28 2025

BY

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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 000103804		2. Exact name of the Corporation 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 410 South Main Street		City Providence		State RI	Zip 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 MARY ELLEN J. MAIO					Date 7/28/25
Signature of Officer/Authorized Representative <i>Mary Ellen J. Maio</i>					

MAIL TO:

Division of Business Services

148 W River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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