



**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: 2023

1. Corporate ID No. 000028216

2. Name of Corporation Northwest Community Health Care

3. State of Incorporation

State: RI

ARTICLE III

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
621111

4. Principal Office Address

No. and Street: 36 BRIDGEWAY
P.O. BOX 312
City or Town: PASCOAG State: RI Zip: 02859 Country: USA

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

CHARITABLE, SCIENTIFIC, LITERARY AND EDUCATIONAL

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	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
TREASURER	SARAH NOTTAGE	21 DAVID ST. CRANSTON, RI 02920 USA
SECRETARY	DAVID FERRARA	21 GARDEN CITY DRIVE CRANSTON, RI 02920 USA
ASSISTANT SECRETARY	JOSEPH CASEY	11 PARTRIDGE TRAIL BELLINGHAM, MA 02019 USA
VICE PRESIDENT	DIANE HOPPER	50 STEAMBOAT ST. JAMESTOWN, RI 02835 USA
VICE PRESIDENT	DEIRDRE NORTON	45 HOOD AVENUE RUMFORD, RI 02916 USA
PRESIDENT	PETER BANCROFT	81 SEAWARD LANE FALL RIVER, MA 02720-
VICE PRESIDENT	ANDREA MARCOTTE	37 MORTIN AVENUE JOHNSTON, RI 02919 USA
DIRECTOR	SCOTT POLLARD	20 TRAY HOLLOW RD. FOSTER, RI 02825 USA
DIRECTOR	CHRISTINE VALLEE	1180 DOUGLAS PIKE HARRISVILLE, RI 02830 USA
DIRECTOR	GERARD GOULET	215 CRESTWOOD ROAD WARWICK, RI 02886 USA
DIRECTOR	JOAN HILTON	11 BLUEBERRY LANE JOHNSTON, RI 02919 USA
DIRECTOR	DARYA KRAVITZ	211 KNIBB ROAD PASCOAG, RI 02859 USA
DIRECTOR	MARGARET DUDLEY	10 MILL POND RD. HARRISVILLE, RI 02830 USA
DIRECTOR	DENNIS ANDERSON	593 WHIPPLE ROAD PASCOAG, RI 02859 USA
DIRECTOR	DAVID DEJESUS JR.	222 EDMOND DR. NO. KINGSTOWN, RI 02852 USA
DIRECTOR	ROBERTA LACEY	80 SPRING ST. PASCOAG, RI 02859 USA
DIRECTOR	CRYSTAL LEDDY	98 ORCHARD MEADOWS DR. SMITHFIELD, RI 02917 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**

PETER BANCROFT 36 BRIDGEWAY P.O. BOX 312 PASCOAG , RI 02859

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

Signed this 31 Day of March, 2023 at 2:28:59 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 DIANE HOPPER

Signature of Authorized Person

Form No. 631
Revised 09/07

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