



**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 FILING YEAR 2023: 2023

1. Corporate ID No. 000102746

2. Name of Corporation The Rhode Island Free Clinic, Inc.

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
622110

4. Principal Office Address

No. and Street: 655 BROAD STREET

City or Town: PROVIDENCE State: RI Zip: 02907 Country: USA

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

OFFERING HIGH QUALITY PHYSICIAN PRIMARY CARE AND PREVENTATIVE HEALTH SERVICES TO CHILDREN AND ADULTS WHO DO NOT HAVE HEALTH INSURANCE OR CANNOT AFFORD TO PURCHASE SUCH SERVICES.

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	CARRIE BRIDGES FELIZ, MPH	335R PRAIRIE AVENUE, SUITE 2B PROVIDENCE , RI 02905 USA
TREASURER	PATRICK MARTIN, CPA	KAHN, LITWIN, RENZA 951 N. MAIN STREET, PROVIDENCE, RI 02904 USA
SECRETARY	JEFFREY F. CHASE-LUBITZ, ESQ.	ONE RICHMOND SQ., SUITE 165W PROVIDENCE , RI 02906 USA
VICE PRESIDENT	MICHELE LEDERBERG, ESQ.	BLUE CROSS & BLUE SHIELD OF RHODE ISLAND 500 EXCHANGE STREET PROVIDENCE, RI 02903 USA
DIRECTOR	WILLIAM FITZGERALD	AMICA MUTUAL INSURANCE COMPANY 100 AMICA WAY LINCOLN, RI 02865 USA
DIRECTOR	MICHELE LEDERBERG, ESQ.	BLUE CROSS & BLUE SHIELD OF RHODE ISLAND 500 EXCHANGE STREET PROVIDENCE, RI 02903 USA
DIRECTOR	PATRICK MARTIN, CPA	KAHN, LITWIN, RENZA 951 N. MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	JEFFREY F. CHASE-LUBITZ, ESQ.	ONE RICHMOND SQ., SUITE 165W PROVIDENCE , RI 02906 USA
DIRECTOR	SAMUEL BRADNER	PEREGRINE GROUP, LLC. 20 NEWMAN AVE,STE 1005 RUMFORD, RI 02916 USA
DIRECTOR	JEHANNE BJORNEBYE. ESQ.	CVS HEALTH ONE CVS DRIVE, WOONSOCKET , RI 02895 USA
DIRECTOR	LOREE DUBOIS, CPA, MBA	KAHN LITWIN & RENZA 951 N. MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	DIANA DUCHARME, ESQ.	CERVENKA GREEN & DUCHARME LLC 235 PROMENADE ST. PROVIDENCE, RI 02908 USA
DIRECTOR	TRAVIS ESCOBAR	FIDELITY INVESTMENTS MILLENNIAL , RI 02903 USA
DIRECTOR	RILWAN FEYISITAN JR.	100 BULLOCKS POINT AVE PROVIDENCE , RI 02915 USA
DIRECTOR	JERRY FINGERUT, MD	HAZARD BUILDING, SECOND FLOOR 3 WEST ROAD CRANSTON, RI 02920 USA
DIRECTOR	GEORGE GREER	100 WESTMINSTER STREET, SUITE 1202 PROVIDENCE , RI 02903 USA
DIRECTOR	BRENDAN KANE	PEREGRINE PROPERTY MANAGEMENT 20 NEWMAN AVE STE.1005 RUMFORD, RI 02916 USA
DIRECTOR	JOSEPH PERRONI	DELTA DENTAL OF RHODE ISLAND 10 CHARLES ST PROVIDENCE, RI 02904 USA
DIRECTOR	HERBERT RAKATANSKY , MD, FACG, FACP	WARREN ALPERT MEDICAL SCHOOL BROWN UNIVERSITY, RI 02903 USA
DIRECTOR	PHILIP R. RIZZUTO, MD, FA	120 DUDLEY STREET, STE 301 PROVIDENCE , RI 02905 USA
DIRECTOR	MARINA RODRIGUEZ, MD	655 BROAD ST. PROVIDENCE , RI 02907 USA
DIRECTOR	CAROLINE TROISE, MD	ANCHOR MEDICAL ASSOCIATES, 180 CORLISS ST. FL. 2 PROVIDENCE, RI 02904 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**

ANDREW W. DAVIS, ESQ. 101 DYER STREET PROVIDENCE , RI 02903

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

Signed this 19 Day of May, 2023 at 11:48:43 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 CARRIE BRIDGES FELIZ
Signature of Authorized Person

Form No. 631
Revised 09/07

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