



State of Rhode Island
Department of State - Business Services Division

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BUS SVCS DIV
2023 OCT 30 A 9:20:00

Annual Report for the year: 2023
Non-Profit Corporation

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

1. Entity ID Number 001749384		2. Exact name of the Corporation COMMUNITY HEALTH NETWORK, INC.			
3. State of Incorporation INDIANA		5. Brief description of the character of business conducted in Rhode Island Integrated healthcare system that provides a full continuum of care which integrates hundreds of physicians, specialty and acute care hospitals, surgery centers, home care services, MedChecks, behavioral health and employer health services.			
4. NAICS Code 621399					
6. Principal Office Address 7330 Shadeland Station, Suite 200			City Indianapolis	State IN	Zip 46256
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name		Vice-President Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Karen Ann Lloyd				Date 10/17/2023	
Signature of Officer/Authorized Representative <i>Karen Ann Lloyd</i> 924					

FILED

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

OCT 30 2023
BY 030357

Name	Title	Business Address
Gary Aletto	Director	7330 Shadeland Station, Suite 200, Indianapolis, IN 46256
Jason Becker	Director	7330 Shadeland Station, Suite 200, Indianapolis, IN 46256
Rodney Cotton	Director	7330 Shadeland Station, Suite 200, Indianapolis, IN 46256
Bruce King	Director	7330 Shadeland Station, Suite 200, Indianapolis, IN 46256
Maggie Lewis	Director	7330 Shadeland Station, Suite 200, Indianapolis, IN 46256
Bryan Mills	Director	7330 Shadeland Station, Suite 200, Indianapolis, IN 46256
Annette Moore, M.D.	Director	7330 Shadeland Station, Suite 200, Indianapolis, IN 46256
Charles Platz, M.D.	Director	7330 Shadeland Station, Suite 200, Indianapolis, IN 46256
Rafael Sanchez	Director	7330 Shadeland Station, Suite 200, Indianapolis, IN 46256
Kristin Sherman	Director	7330 Shadeland Station, Suite 200, Indianapolis, IN 46256
Charles Vore, M.D.	Director	7330 Shadeland Station, Suite 200, Indianapolis, IN 46256
Martha Hadjioannou Waters	Director	7330 Shadeland Station, Suite 200, Indianapolis, IN 46256
Brian Williams	Director	7330 Shadeland Station, Suite 200, Indianapolis, IN 46256
Bryan A Mills	President & CEO	7330 Shadeland Station, Suite 200, Indianapolis, IN 46256
Kyle B Fisher	Assistant Treasurer, CFO	7330 Shadeland Station, Suite 200, Indianapolis, IN 46256
Karen Ann Lloyd	Secretary	7330 Shadeland Station, Suite 200, Indianapolis, IN 46256