RI SOS Filing Number: 202445940970 Date: 2/8/2024 11:15:00 AM



# 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

Foreign Non-Profit 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 YEAR **2024**: 2024

- 1. Corporate ID No. 001654197
- 2. Name of Corporation <u>TUFTS HEALTH PUBLIC PLANS, INC.</u>
- 3. State of Incorporation

State: MA

#### **NAICS CODE**

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 <u>click here.</u>

NAICS Code

<u>524114</u>

4. Principal Office Address

No. and Street: 1 WELLNESS WAY

City or Town: CANTON State: MA Zip: 02021 Country: USA

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

### **HEALTH CARE SERVICES**

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

PRESIDENT	CAIN HAYES	1 WELLNESS WAY CANTON, MA 02021 USA
TREASURER	MARK PORTER	1 WELLNESS WAY CANTON, MA 02021 USA
SECRETARY	SUSAN KEE	1 WELLNESS WAY CANTON, MA 02021 USA
CEO	CAIN HAYES	1 WELLNESS WAY CANTON, MA 02021 USA
CFO	SCOTT WALKER	1 WELLNESS WAY CANTON, MA 02021 USA
DIRECTOR	EILEEN AUEN	1 WELLNESS WAY CANTON, MA 02021 USA
DIRECTOR	RAYMOND PAWLICKI	1 WELLNESS WAY CANTON, MA 02021 USA
DIRECTOR	CAIN HAYES	1 WELLNESS WAY CANTON, MA 02021 USA
DIRECTOR	MICHAEL MCCOLGAN	1 WELLNESS WAY CANTON, MA 02021 USA
DIRECTOR	JOYCE MURPHY	1 WELLNESS WAY CANTON, MA 02021 USA
DIRECTOR	PETER SLAVIN MD	1 WELLNESS WAY CANTON, MA 02021 USA
DIRECTOR	BERTRAM SCOTT	1 WELLNESS WAY CANTON, MA 02021 USA
DIRECTOR	MICHAEL SHEA	1 WELLNESS WAY CANTON, MA 02021 USA
DIRECTOR	GREG SHELL	1 WELLNESS WAY CANTON, MA 02021 USA
DIRECTOR	IRINA SIMMONS	1 WELLNESS WAY CANTON, MA 02021 USA
DIRECTOR	GREG TRANTER	1 WELLNESS WAY CANTON, MA 02021 USA
DIRECTOR	HEDWIG VEITH WHITNEY	1 WELLNESS WAY CANTON, MA 02021 USA
DIRECTOR	TODD WHITBECK	1 WELLNESS WAY CANTON, MA 02021 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

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

Signed this 8 Day of February, 2024 at 11:18:40 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 SUSAN KEE

Signature of Authorized Person

Form No. 631 Revised 09/07

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