



**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 YEAR 2024: 2024

1. Corporate ID No. 001716228

2. Name of Corporation THE RHODE ISLAND FREE CLINIC REALTY CORPORATION

3. State of Incorporation

State: RI

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 [click here](#).

NAICS Code
813219

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

THE RHODE ISLAND FREE CLINIC REALTY CORPORATION (THE CORPORATION) IS ORGANIZED AS A WHOLLY CONTROLLED TITLE HOLDING CORPORATION DESCRIBED IN SECTION 501(C)(2) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, FOR THE EXCLUSIVE PURPOSE OF HOLDING TITLE TO PROPERTY FOR THE BENEFIT OF THE RHODE ISLAND FREE CLINIC, INC. (THE RHODE ISLAND FREE CLINIC), AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, COLLECTING INCOME THEREFROM AND TURNING OVER THE ENTIRE

AMOUNT THEREOF, LESS THE EXPENSES, TO THE RHODE ISLAND FREE CLINIC.

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 #3 PROVIDENCE , RI 02904 USA
SECRETARY	ANDREW W. DAVIS	101 DYER STREET, SECOND FLOOR PROVIDENCE , RI 02903 USA
DIRECTOR	CARRIE BRIDGES FELIZ, MPH	335R PRAIRIE AVENUE, SUITE 2B PROVIDENCE , RI 02905 USA
DIRECTOR	PATRICK MARTIN, CPA	KAHN, LITWIN, RENZA 951 N. MAIN STREET #3 PROVIDENCE , RI 02904 USA
DIRECTOR	BRENDAN KANE	PEREGRINE PROPERTY MANAGEMENT 20 NEWMAN AVE STE.1005 RUMFORD, RI 02916 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, 2ND FLOOR 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 1 Day of May, 2024 at 3:55:44 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 ANDREW W. DAVIS
Signature of Authorized Person

Form No. 631
Revised 09/07