

2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004517

Entity Name: BLUE CROSS & BLUE SHIELD OF RHODE ISLAND, CORP.**Current Principal Place of Business:**500 EXCHANGE STREET
PROVIDENCE, RI 02903**Current Mailing Address:**500 EXCHANGE STREET
PROVIDENCE, RI 02903**FEI Number:** 05-0158952**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** ROSE SONG, ASSISTANT SECRETARY ON BEHALF OF CT CORP SYSTEM 04/27/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title S
Name LEDERBERG, MICHELE B
Address 500 EXCHANGE STREET
City-State-Zip: PROVIDENCE RI 02903

Title DIRECTOR
Name JONES, ROSE
Address 500 EXCHANGE STREET
City-State-Zip: PROVIDENCE RI 02903

Title CEO
Name WOFFORD, MARTHA
Address 500 EXCHANGE STREET
City-State-Zip: PROVIDENCE RI 02903

Title CFO
Name STEWART, MARK
Address 500 EXCHANGE STREET
City-State-Zip: PROVIDENCE RI 02903

Title VP
Name BUSH, CHRISTOPHER
Address 500 EXCHANGE STREET
City-State-Zip: PROVIDENCE RI 02903

Title DIRECTOR
Name SHERMAN, MERRILL
Address 500 EXCHANGE STREET
City-State-Zip: PROVIDENCE RI 02903

Title VP
Name AUCIELLO, MONICA ESQ.
Address 500 EXCHANGE STREET
City-State-Zip: PROVIDENCE RI 02903

Title CHAIRMAN
Name LANGENUS, JOHN
Address 500 EXCHANGE STREET
City-State-Zip: PROVIDENCE RI 02903

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHELE B. LEDERBERG**EVP, CAO & CHIEF LEGAL 04/27/2021
OFFICER**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name DUNCAN, JEREMY
Address 500 EXCHANGE STREET
City-State-Zip: PROVIDENCE RI 02903

Title CHIEF MEDICAL OFFICER
Name COLLINS, MATTHEW
Address 500 EXCHANGE STREET
City-State-Zip: PROVIDENCE RI 02903

Title VP
Name DEMOURA, TARA
Address 500 EXCHANGE STREET
City-State-Zip: PROVIDENCE RI 02903

Title VP
Name MARRONE, MICHAEL
Address 500 EXCHANGE STREET
City-State-Zip: PROVIDENCE RI 02903

Title VP
Name WINFREY, LINDA
Address 500 EXCHANGE STREET
City-State-Zip: PROVIDENCE RI 02903

Title DIRECTOR
Name DICHIRO, MICHAEL
Address 500 EXCHANGE STREET
City-State-Zip: PROVIDENCE RI 02903

Title DIRECTOR
Name CROSBY, CHRISTOPHER
Address 500 EXCHANGE STREET
City-State-Zip: PROVIDENCE RI 02903

Title DIRECTOR
Name SANDERS, ROBERT
Address 500 EXCHANGE STREET
City-State-Zip: PROVIDENCE RI 02903

Title DIRECTOR
Name DENICE, NICHOLAS
Address 500 EXCHANGE STREET
City-State-Zip: PROVIDENCE RI 02903

Title DIRECTOR
Name DOUGHTY, PAUL
Address 500 EXCHANGE STREET
City-State-Zip: PROVIDENCE RI 02903

Title DIRECTOR

Title VP
Name SPLAINE, KEVIN
Address 500 EXCHANGE STREET
City-State-Zip: PROVIDENCE RI 02903

Title VP
Name CUMMINGS, MELISSA
Address 500 EXCHANGE STREET
City-State-Zip: PROVIDENCE RI 02903

Title VP
Name MUSIAL, CHRIS
Address 500 EXCHANGE STREET
City-State-Zip: PROVIDENCE RI 02903

Title VP
Name PITNEY, CHRISTINA
Address 500 EXCHANGE STREET
City-State-Zip: PROVIDENCE RI 02903

Title DIRECTOR
Name HUNTLEY-NEWBY, DONNA
Address 500 EXCHANGE STREET
City-State-Zip: PROVIDENCE RI 02903

Title VC
Name QUATTROMANI, PETER
Address 500 EXCHANGE STREET
City-State-Zip: PROVIDENCE RI 02903

Title DIRECTOR
Name ISRAELITE, MICHAEL
Address 500 EXCHANGE STREET
City-State-Zip: PROVIDENCE RI 02903

Title DIRECTOR
Name PAUL, DEBRA
Address 500 EXCHANGE STREET
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Title DIRECTOR
Name COHAN, STEPHEN
Address 500 EXCHANGE STREET
City-State-Zip: PROVIDENCE RI 02903

Title DIRECTOR
Name BEANE, ERIC
Address 500 EXCHANGE STREET
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Title DIRECTOR
Name HAMMOND, KAREN
Address 500 EXCHANGE STREET

Name GIANCOLA, LOU
Address 500 EXCHANGE STREET
City-State-Zip: PROVIDENCE RI 02903

Title DIRECTOR
Name MARSELLA, CELESTE
Address 500 EXCHANGE STREET
City-State-Zip: PROVIDENCE RI 02903

Title VP
Name SHEEHAN, RENA
Address 500 EXCHANGE STREET
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Title VP
Name COMELLA, DAVID
Address 500 EXCHANGE STREET
City-State-Zip: PROVIDENCE RI 02903

City-State-Zip: PROVIDENCE RI 02903

Title VP
Name GURIVIREDDYGARI, AMARNATH
Address 500 EXCHANGE STREET
City-State-Zip: PROVIDENCE RI 02903

Title DIRECTOR
Name MORRIS, SHARON
Address 500 EXCHANGE STREET
City-State-Zip: PROVIDENCE RI 02903

Title DIRECTOR
Name DIAZ, JOSEPH DR.
Address 500 EXCHANGE STREET
City-State-Zip: PROVIDENCE RI 02903