

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213557081

1.) CORPORATION NAME:

FALLON COMMUNITY HEALTH PLAN, INC.

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CTR 16TH FL
1111 E MAIN ST**

SCC ID NO: **F1878851**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

MA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10 CHESTNUT ST

CITY/ST/ZIP: WORCESTER, MA 01608

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	W. PATRICK HUGHES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	10 CHESTNUT ST		
CITY/ST/ZIP/CO:	ONE CHESTNUT PL WORCESTER, MA 01608		

NAME:	CHRISTIAN W. MCCARTHY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	ASSUMPTION COLLEGE		
CITY/ST/ZIP/CO:	500 SALISBURY STREET WORCESTER, MA 01609-1296		

NAME:	DAVID W. HILLIS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	ADCARE, INC.		
CITY/ST/ZIP/CO:	107 LINCOLN STREET WORCESTER, MA 01605		

NAME:	ALAN J GAYER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10 CHESTNUT ST		
CITY/ST/ZIP/CO:	ONE CHESTNUT PL WORCESTER, MA 01608		

NAME:	DAVID R GRENON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10 CHESTNUT ST		
CITY/ST/ZIP/CO:	ONE CHESTNUT PL WORCESTER, MA 01608		

NAME: FREDERICK M. MISILO, JR. TITLE: DIRECTOR ADDRESS: FLETCHER TILTON & WHIPPLE, P.C. 370 MAIN STREET, 12TH FLOOR CITY/ST/ZIP/CO: WORCESTER, MA 01608	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ANN K. TRIPP TITLE: DIRECTOR ADDRESS: OPUS INVESTMENT MANAGEMENT, INC 440 LINCOLN STREET CITY/ST/ZIP/CO: WORCESTER, MA 01653	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: LYNDA M. YOUNG, M.D. TITLE: VICE CHAIRMAN ADDRESS: 11 OTSEGO ROAD CITY/ST/ZIP/CO: WORCESTER, MA 01609	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: KARIN LANDRY TITLE: DIRECTOR ADDRESS: SPRING CONSULTING GROUP 84 STATE STREET, STE 500 CITY/ST/ZIP/CO: BOSTON, MA 02109-2202	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JAMES R. BUONOMO TITLE: DIRECTOR ADDRESS: 10 CHESTNUT ST ONE CHESTNUT PL CITY/ST/ZIP/CO: WORCESTER, MA 01608	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
<u>/s/ W. PATRICK HUGHES</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>W. PATRICK HUGHES,</u> PRESIDENT PRINTED NAME AND CORPORATE TITLE	<u>11/22/2013</u> DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		