

A. Ralph Mollis, Secretary of State

Corporations Division 148 W. River Street

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

Projudence, RI 02904-2615 401.222.3040

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. t. Corporate ID No 2. Name of Corporation 142328 CareLink Pace Organization 7.10 4. Corporate address in Rhode Island - Street Address 3. State of Incorporation Rhode Island State Ζip City 5. Foreign corporation. Enter principal office address 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island To provide Care and Services to the Elderly 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) 📝 FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Bill Waters Wendy Fargnoli Street Address Street Address 157 Pleasant Street 10 Rhodes Avenue State Sicile Ziji RΙ 02914 RI 02896 East Providence North Smithfield Treasurer Name Mary Ann Altrui Virginia Mead Street Address Street Address 75 Meridian Street 1811 Broad Street 7.16 State Ζip CH° State City 02908. lκι 02905 Providence RI Cranston 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23 Director Name J.Chris Woulfe Norma Owens 2 Street Address Street Addres 1811 Broard Street 25 Elmcreat Avenue Zib 117, State Ζŧρ State 02905 RΙ 02908 Cranston RΙ Providence Director Name Director Name Beth Marootian Joan Kwiatkowski Street Address Street Address 199 Promenade Street 225 Chapman Street State $Z\psi$ CHY State 02908 RI 02905 Providence RI 9. REGISTERED AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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	142328	JUN 16 2009	Under penalty of perjury, I declare and affirm the report, including any accompanying schedules and	at I have examined this I statements, and that all
File Date		129-92135	Statements contained herein are true and correct.	Date
Check No.			WENDY L. FAIGNOTI	
By:	SECRETARY OF STATE USE ONLY		Print or Type Nature of Officer (usidan)	
FOR	SECRETARY OF STATE 050 ONLY		Title of Officer	Form 631 Rev. 09/17

Non Profit Corporation Annual Report For The Year of 2009

CareLink Pace Organization

Corporate ID No: 142328

Name and Addresses of Current Director (cont)

Name	Address
Roberta Merkle	Cornerstone Adult Services
	3270 Post Road
	Warwick, RI 02886
Julie Richard	Steere House Nursing & Rehabilitation Center
	100 Borden Street
	Providence, RI 02903
Diana Franchitto	Home & Hospice Care of Rhode Island
	1085 North Main Street
	Providence, RI