



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 161987		2. Exact name of the Corporation CharterCare Health Partners Foundation			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Raising funds for the benefit of CharterCare Health Partners Foundation			
5. Principal office address 200 High Service Avenue		City N. Providence	State RI	Zip 02904	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (SEE BOX FOR ATTACHMENT)					
President Name Joseph R. Distefano, Esq.		Vice-President Name None			
Street Address One Citizens Plaza, 8th Floor		Street Address			
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Kenneth Belcher		Treasurer Name Daniel J. Ryan, CPA			
Street Address 825 Chalkstone Avenue		Street Address 961 North Main Street			
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02903
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (SEE BOX FOR ATTACHMENT)					
Director Name Richard Beretta, Esq.		Director Name Patricia Wegrzyn			
Street Address One Citizens Plaza		Street Address 315 University Avenue			
City Providence	State RI	Zip 02903	City Westwood	State MA	Zip 02904
Director Name D. Faye Sanders		Director Name			
Street Address 121 South Main Street		Street Address			
City Providence	State RI	Zip 02904	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date	
Check No.	
By	
FOR SECRETARY OF STATE USE ONLY	

FILED

JAN 31 2013
 29-173584
 CC

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Joseph R. Di Distefano 1-31-13
 Signature of Officer Date

JOSEPH R. DISTEFANO, ESQ.

Print or Type Name of Officer

PRESIDENT

Title of Officer