



**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 **2013**

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.<br><b>36042</b>   |                    | 2. Exact name of the Corporation<br><b>Elmhurst Extended Care</b>   |  |                    |                     |
| 3. State of Incorporation<br><b>Rhode Island</b>   |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>Long Term Care and sub-acute patient care</b> |  |                    |                     |
| 5. Principal office address<br><b>825 Chalkstone Avenue</b>  |                    | City<br><b>Providence</b>   |  | State<br><b>RI</b> | Zip<br><b>02908</b> |
| 6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>   |                    |   |  |                    |                     |
| President Name<br><b>Kenneth H. Belcher</b>  |                    |   | Vice-President Name                              |                    |                     |
| Street Address<br><b>825 Chalkstone Avenue</b>   |                    |   | Street Address                                   |                    |                     |
| City<br><b>Providence</b>  | State<br><b>RI</b> | Zip<br><b>02908</b>   | City   | State              | Zip                 |
| Secretary Name<br><b>Donald C. McQueen</b>   |                    |   | Treasurer Name<br><b>Michael E. Conklin, Jr.</b> |                    |                     |
| Street Address<br><b>3 Shady Lane</b>  |                    |   | Street Address<br><b>200 High Service Avenue</b> |                    |                     |
| City<br><b>Barrington</b>  | State<br><b>RI</b> | Zip<br><b>02806</b>   | City<br><b>North Providence</b>                  | State<br><b>RI</b> | Zip<br><b>02904</b> |
| 7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <b>MUST</b> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                    |   |  |                    |                     |
| Director Name<br><b>Kenneth H. Belcher</b>   |                    |   | Director Name<br><b>Donald C. McQueen</b>        |                    |                     |
| Street Address<br><b>825 Chalkstone Avenue</b>   |                    |   | Street Address<br><b>3 Shady Lane</b>            |                    |                     |
| City<br><b>Providence</b>  | State<br><b>RI</b> | Zip<br><b>02908</b>   | City<br><b>Barrington</b>                        | State<br><b>RI</b> | Zip<br><b>02806</b> |
| Director Name<br><b>Michael E. Conklin, Jr.</b>  |                    |   | Director Name                                    |                    |                     |
| Street Address<br><b>200 High Service Avenue</b>   |                    |   | Street Address                                   |                    |                     |
| City<br><b>North Providence</b>  | State<br><b>RI</b> | Zip<br><b>02806</b>   | 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**

JUN 24 2013

By 49-20294

A.A.

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.

*Kenneth H. Belcher* 6-21-13  
 Signature of Officer Date  
**Kenneth H. Belcher**  
 Print or Type Name of Officer  
**President and CEO**  
 Title of Officer