



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

Signature of Officer

6-21-13

Date

Kenneth H. Belcher

Print or Type Name of Officer

President and CEO

Title of Officer