



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

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.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000813284

2. Name of Corporation Ocean State long Term Care and Rehabilitation Cooperative

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 235 PROMENADE ST
SUITE 130

City or Town: PROVIDENCE State: RI Zip: 02908 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

FACILITATE INTEGRATED CARE DELIVERY SERVICES AND PAYMENT MODELS
ACCROSS MULTIPLE STAKEHOLDERS AND ANY ADDITIONAL LEGAL PURPOSE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MARK P TREAT	235 PROMENADE, #130 PROVIDENCE, RI 02908 USA
SECRETARY	LINN FREEDMAN ESQ.	ONE CITIZENS PLAZA, SUITE 500

		PROVIDENCE, RI 02903 USA
VICE PRESIDENT	ROY M HENSHAW	235 PROMENADE, #130 PROVIDENCE, RI 02908 USA
DIRECTOR	MARK P. TREAT	235 PROMENADE STREET PROVIDENCE, RI 02908 USA
DIRECTOR	ROY M. HENSHAW, CPA MBA	235 PROMENADE STREET PROVIDENCE, RI 02908 USA
DIRECTOR	LISA HOFER	235 PROMENADE STREET PROVIDENCE, RI 02908 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

LINN F. FREEDMAN, ESQ. NIXON PEABODY LLP ONE CITIZENS PLAZA, SUITE 500 PROVIDENCE ,
RI 02903

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

Signed this 2 Day of May, 2014 at 12:19:40 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By MARK TREAT
Signature of Authorized Person

Form No. 631
Revised 09/07

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