



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. 000030934

2. Name of Corporation Sargent Rehabilitation Center

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 800 QUAKER LANE

City or Town: WARWICK

State: RI

Zip: 02818

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

OUTPATIENT MEDICAL AND EDUCATIONAL REHABILITATION

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	MARILYN F. SERRA	800 QUAKER LANE WARWICK, RI 02818 USA
CHAIRMAN	RUSSELL HAHN	10 WEYBOSSET STREET PROVIDENCE, RI 02903 USA
DIRECTOR	DEBRA LOBATO PH.D.	1 HOPPIN STREET

		PROVIDENCE, RI 02903 USA
FIRST VICE-CHAIRMAN	LOUIS DEMASCOLE	205 HALLENE ROAD WARWICK, RI 02886 USA
DIRECTOR	DOMENIC DELMONICO	45 WILLARD AVENUE PROVIDENCE, RI 02903 USA
SECOND VICE-CHAIRMAN	ROBERT GERVASINI	1 MOHEGAN SUN BLVD. UNCASVILLE, CT 06382 USA
TREASURER	PETER KOCH	566 TOLL GATE ROAD WARWICK, RI 02886 USA
SECRETARY	DAVID CROCKER	170 PHEASANT RUN SAUNDERSTOWN, RI 02874 USA
DIRECTOR	DANIEL FLAHERTY ESQ	33 COLLEGE HILL ROAD WARWICK, RI 02886 USA
DIRECTOR	ROBERT STEBENNE	541 BELLEVUE AVENUE NEWPORT, RI 02840 USA
DIRECTOR	JOYCE BERETTA	13 WALCOTT AVENUE JAMESTOWN, RI 02835 USA
DIRECTOR	CATHY ANDREOZZI	383 OCEAN DRIVE NARRAGANSETT, RI 02903 USA
DIRECTOR	JANET MARCANTONIO	ONE CITIZENS PLAZA PROVIDENCE, RI 02903 USA
DIRECTOR	EARL TILLINGHAST	78 KNIGHT STREET WARICK, RI 02886 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**

STANLEY A. SLOWICK SARGENT REHABILITATION CENTER 800 QUAKER LANE WARWICK , RI
02818

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

Signed this 9 Day of June, 2014 at 12:38:51 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 MARILYN F. SERRA, PRESIDENT
Signature of Authorized Person

Form No. 631
Revised 09/07