



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 2015

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. 26990		2. Exact name of the Corporation Bannister Foundation			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Provision of financial support to Bannister Health and Rehabilitation Center, Inc.			
5. Principal office address 135 Dodge Street		City Providence		State RI	Zip 02907
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Casby Harrison			Vice-President Name Brendan Kane		
Street Address 807 Broad Street			Street Address 20 Newman Avenue #1105		
City Providence	State RI	Zip 02907	City Rumford	State RI	Zip 02916
Secretary Name Sandy Riojas			Treasurer Name John Cianciola		
Street Address 20 Longwood Avenue			Street Address 60 Catamore Street		
City Providence	State RI	Zip 02908	City East Providence	State RI	Zip 02914
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Casby Harrison III			Director Name Brendan Kane		
Street Address 807 Broad Street			Street Address 20 Newman Avenue #1105		
City Providence	State RI	Zip 02907	City Rumford	State RI	Zip 02916
Director Name Sandy Riojas			Director Name John Cianciola		
Street Address 20 Longwood Avenue			Street Address 60 Catamore Street		
City Providence	State RI	Zip 02908	City East Providence	State RI	Zip 02914
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 08 2015

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.

Casby Harrison III

Signature of Officer

5/29/2015

Date

Casby Harrison III

Print or Type Name of Officer

President

Title of Officer