



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: 2015

1. Corporate ID No. 000502786

2. Name of Corporation CharterCARE Community Board

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: C/O ONE PARK ROW  
SUITE 300

City or Town: PROVIDENCE State: RI Zip: 02903 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

TO ESTABLISH, DEVELOP, OPERATE AND MAINTAIN AN INTEGRATED HEALTH CARE DELIVERY SYSTEM TO PROVIDE HIGH QUALITY HEALTH CARE AND RELATED SERVICES

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	Address
PRESIDENT	DANIEL J. RYAN CPA	951 NORTH MAIN STREET PROVIDENCE, RI 02903 USA

TREASURER	DANIEL J. RYAN CPA	951 NORTH MAIN STREET PROVIDENCE, RI 02903 USA
SECRETARY	DANIEL J. RYAN CPA	951 NORTH MAIN STREET PROVIDENCE, RI 02903 USA
CHAIRMAN OF THE BOARD	DANIEL J. RYAN CPA	951 NORTH MAIN STREET PROVIDENCE, RI 02903 USA
DIRECTOR	DANIEL J. RYAN CPA	951 NORTH MAIN ST. PROVIDENCE, RI 02903 USA
DIRECTOR	JOSEPH P. MAZZA M.D.	8 JASONS GRANT DRIVE CUMBERLAND, RI 02864 USA
DIRECTOR	REV. TIMOTHY REILLY	ONE CATHEDRAL SQUARE PROVIDENCE, RI 02903 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**

RICHARD J. LAND, ESQ. ONE PARK ROW SUITE 300 PROVIDENCE , RI 02903

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

**Signed this 2 Day of July, 2015 at 9:42:33 AM 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 DANIEL J. RYAN  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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