



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. <u>161987</u>		2. Exact name of the Corporation <u>CHARTERCARE FOUNDATION</u>			
3. State of Incorporation <u>R.I.</u>		4. Brief description of the character of business conducted in Rhode Island <u>Nonprofit Community Foundation focusing on health care issues and medical scholarship awards.</u>			
5. Principal office address <u>7 WATERMAN AVE.</u>		City <u>N. PROVIDENCE</u>	State <u>RI</u>	Zip <u>02911</u>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>DONALD C. McQUEEN</u>		Vice-President Name <u>N/A</u> <u>N/A</u>			
Street Address <u>3 SHADY LANE</u>		Street Address			
City <u>BARRINGTON</u>	State <u>RI</u>	Zip <u>02806</u>	City	State	Zip
Secretary Name <u>PETER F. DEBLASIO, JR. MD</u>		Treasurer Name <u>PATRICIA M. WEBERLYN</u>			
Street Address <u>70 INTERVALE ROAD</u>		Street Address <u>43 BEACH PARK AVE.</u>			
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02906</u>	City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02886</u>
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 <u>RICHARD BERETTA, Esq.</u>		Director Name <u>Abby L. MAIZEL, MD, PhD</u>			
Street Address <u>511 EAST SHORE ROAD</u>		Street Address <u>825 CHALKSTONE AVE.</u>			
City <u>JAMESTOWN</u>	State <u>RI</u>	Zip <u>02835</u>	City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02908</u>
Director Name <u>ELLEN MCCARTY, RN, PhD.</u>		Director Name			
Street Address <u>407 HIGH STREET</u>		Street Address			
City <u>SOMERSET</u>	State <u>MA</u>	Zip <u>02726</u>	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.

FILED

File Date _____

SEP 14 2015

Check No _____

By: _____

BY CH 256314

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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

Date

DONALD C. McQUEEN

Print or Type Name of Officer

PRESIDENT

Title of Officer