



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: 2016

1. Corporate ID No. 000029279

2. Name of Corporation Cornerstone Adult Services, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 140 WARWICK NECK AVENUE

City or Town: WARWICK

State: RI Zip: 02889 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 HELP OLDER PEOPLE AND IMPAIRED ADULTS LIVE TO THEIR OPTIMUM LEVEL OF HEALING

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
TREASURER	CRAIG CARPENTER	29 SOUTH POND DR COVENTRY, RI 02816 USA
CEO	STEVEN HOROWITZ	1 ST ELIZABETH WAY EAST GREENWICH, RI 02818 USA

CHAIR	ROBERT PEASE	263 WICKFORD PT NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	RICHARD CRELLIN	12 COMMERCIAL WY EAST PROVIDENCE, RI 02914 USA
DIRECTOR	KELLY CUMMINGS	20 PT JUDITH RD NARRAGANSETT, RI 02882 USA
DIRECTOR	PHILIP C. SLOCUM	211 CARLTON AVENUE WARWICK, RI 02889 US

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

JEFFREY W. KASLE, ESQ. 530 GREENWICH AVENUE WARWICK , RI 02886

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

Signed this 16 Day of May, 2016 at 4:21:27 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 STEVEN J. HOROWITZ
Signature of Authorized Person

Form No. 631
Revised 09/07