



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

Non-Profit Corporation Annual Report for the year: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 \*FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
29448		The John Clarke Retirement Center			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RI		Skilled nursing facility			
5. Principal Office Address		City	State	Zip	
600 Valley Road		Middletown	RI	02842	
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name John Thorpe		Vice-President Name			
Street Address 101 Adams Street		Street Address			
City Warwick	State RI	Zip 02888	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Randall Maine		Director Name David Maine			
Street Address 110 Railroad Avenue		Street Address 148 Lucas Avenue			
City Saunderstown	State RI	Zip 02874	City Warwick	State RI	Zip 02886
Director Name Robert Butzier		Director Name			
Street Address 30 Carr Street		Street Address			
City Coventry	State RI	Zip 02816	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Joseph E. Sousa, Administrator				Date 5/18/2016	
Signature of Officer/Authorized Representative					

SIGN DOCUMENT HERE

**FILED**  
MAY 24 2016  
BY 022476 DS