



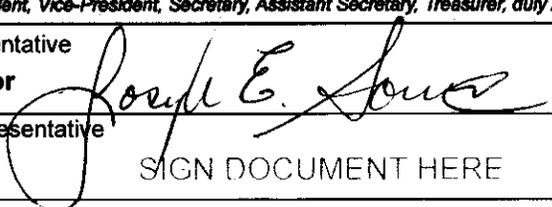
**State of Rhode Island and Providence Plantations  
Department of State - Business Services Division**

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)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>John Thorpe</b>			Vice-President Name		
Street Address <b>101 Adams Street</b>			Street Address		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>	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.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>Randall Maine</b>			Director Name <b>David Maine</b>		
Street Address <b>110 Railroad Avenue</b>			Street Address <b>148 Lucas Avenue</b>		
City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
Director Name <b>Robert Butzier</b>			Director Name		
Street Address <b>30 Carr Street</b>			Street Address		
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	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 <b>Joseph E. Sousa, Administrator</b>				Date <b>5/18/2016</b>	
Signature of Officer/Authorized Representative 					
SIGN DOCUMENT HERE					

**FILED**

MAY 24 2016

BY

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