



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2016**

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. 29738		2. Exact name of the Corporation Steere House			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Skilled Nursing Facility			
5. Principal office address 100 Borden Street		City Providence		State RI	Zip 02903
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Andrew C. Spacone			Vice-President Name Linda M. Cannistra		
Street Address 648 Blackstone Blvd.			Street Address 87 Ridge Road		
City Providence	State RI	Zip 02906	City Smithfield	State RI	Zip 02917
Secretary Name Diane Steere Nobles, Ph.D.			Treasurer Name Norma J. Owens, Pharm D. BCPS, FCCP		
Street Address 17 East Pond Road			Street Address 133 Camden Court		
City Narragansett	State RI	Zip 02882	City Wakefield	State RI	Zip 02879
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name William Arnold			Director Name Paul Astphan		
Street Address 81 Castleton Drive			Street Address 17 Adamsdale Road		
City Cranston	State RI	Zip 02921	City Attleboro	State MA	Zip 02703
Director Name David DOsa, MD, MPH			Director Name Robert Kohn, MD		
Street Address 4 Overlook Road			Street Address 23 Irving Avenue		
City Barrington	State RI	Zip 02806	City Providence	State RI	Zip 02906
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, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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 or Authorized Representative

Date

FILED

JUN 20 2016

Print or Type Name of Officer or Authorized Representative

State of Rhode Island
Office of the Secretary of State

2016 Annual Report Attachment

Corporate ID No. 29738

Carol C. McMahon
89 Yale Avenue
Warwick, RI 02888

David M. Mullen, JD, MPH
216 Raleigh Avenue
Pawtucket, RI 02860

Timothy J. Reiner
106 Douglas Hook Road
Chepachet, RI 02814