State of Rhode Island and Providence Plantations Department of State - Business Services Division					Ju 200	
Annual Report for the year: 2016 Non-Profit Corporation → Filing period: June 1 - June 30 → Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if form is not filed by July 3			AMENDED 30.		TARY OF STA	
1. Entity ID Number 001337287		2. Exact name of the Corporation Saint Elizabeth at Home Corp.				
State of Incorporation	I	Brief description of the character of business conducted in Rhode Island To operate a licensed home nursing care provider, home health and staffing company				
	To operate	a licensed hor				
5. Principal Office Address			City	State	Zip	
One Saint Elizabeth Way			East Greenwich	RI	02818	
6. List ALL officers (names a					ndicate an attachment 🗹	
President Name Steven J. Horowitz			Vice-President Name Craig W. Carpenter (Vice-Chair)			
Street Address One Saint Elizabeth Way			Street Address 29 South Pond Dr.			
City East Greenwich	State RI	^{Zip} 02818	City Coventry	State RI	^{Zip} 02816	
Secretary Name Steven W. Tilley			Treasurer Name Claire C. Flaherty			
Street Address 116 Mourning Dove Dr.			Street Address 936 Buttonwoods Ave.			
^{City} Saunderstown	State RI	^{Zip} 02889	City Warwick	State RI	^{Zip} 02886	
7. List ALL directors (names a	and addresses). RI	Corporations MI	JST list at least THREE direct		to indicate an attachment	
Director Name Richard Crellin			Director Name Kelly E. Cummings			
Street Address 5 Sakonett Trail			Street Address 83 Kingstown Rd.			
^{City} Little Compton	State RI	^{Zip} 02837	City Narragansett	State RI	^{Zip} 02882	
Director Name Robert H. Pease, Jr.			Director Name Linda Silveira			
Street Address 263 Wickford Point Rd.			Street Address 7 Fairview St.			
^{City} North Kingstown	State RI	^{Zip} 02852	^{City} Bristol	State RI	^{Zip} 02809	
8. Registered Agent in Rhode	e Island. This inform	ation is currently of	record in the Department of State	e. Changes require filin	g Form 641.	
Under penalty of perjury, i o statements, and that all sta			mined this report, including e and correct.	any accompanying	g schedules and	
This report must be signed by either to	he President, Vice-Presi	ident, Secretary, Assis	tant Secretary, Treasurer, duly Author	ized Representative, Rece	river or Trustee.	
Name of Officer/Authorized Representative Steven J. Horowitz				Date July 21, 2016		
Signature of Officer/Authorize	d Representative					
Į ,						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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Officers (continued)

1337287

Philip C. Slocum, Chair 211 Carlton Ave. Warwick, RI 02889

Directors (continued)

Lisa Holley 166 Laurel Hill Rd. East Greenwich, RI 02818

Peter Hollmann, MD Chief Medical Officer University Medicine Rhode Island Hospital 593 Eddy St. Providence, RI 02903

Jeffrey W. Kasle, Esq. Olenn & Penza 530 Greenwich Ave. Warwick, RI 02886

Steven H. Kitchin Vice President Corporate Education and Training New England Institute of Technology One New England Tech Boulevard East Greenwich, R I 02818

The Right Reverend W. Nicholas Knisely The Episcopal Diocese of Rhode Island 275 North Main Street Providence, RI 02903

E. Paul Larrat, Ph.D. R.Ph. 853 Gilbert Stuart Rd. Saunderstown, RI 02874

Patricia Wegrzyn McGreen 43 Beach Park Ave. Warwick, RI 02886-8405

Wayne D. Pelland 51 Mourning Dove Drive Saunderstown, RI 02874

Stephen Tingle 314 Olney St. Providence, RI 02906

Judy W. Vigar 19 Mimosa Place Ridgefield, CT 06877-2509 I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

