RI SOS Filing Number: 201729572650 Date: 01/05/2017 3:08 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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BUS SVCS DIV

2017 JAN -5 PM 3:06

Annual Report for the year: 2014

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation		
000025740	**Watch Hill Manor, LTD**		
3. Principal Office Address	City	State	Zip
21 Waterville Road	**Avon**	**CT**	**06001**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
62 - Health Care and Social Ass	**Health Care Facility**		
5. State of Incorporation			
CT			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Brian S. Foley**			Vice-President Name		
Street Address **21 Waterville Road**			Street Address		
City **Avon**	State **CT**	Zip **06001**	City	State	Zip
Secretary Name **Brian S. Foley**			Treasurer Name		
Street Address **21 Waterville Road**			Street Address		
City **Avon**	State **CT**	Zip **06001**	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.			

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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.

Name of Authorized Representative	Date
RYAN A VETS 3:08pm	12.29.16
Signature of Authorized Representative	

FILED

JAN 05 2017

BY 292453

14M

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

14267-4-1155471

FORM 630 - Revised: 10/2016