



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

Annual Report for the year: **2017**

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 111410		2. Exact name of the Corporation CARRIAGE HOUSE AT THE ELMS INC.		
3. Principal Office Address 22 ELM STREET		City WESTERLY	State RI	Zip 02891
4. NAICS Code 81 - Other Services (except Pub	6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE OWNERSHIP, DEVELOPMENT, OPERATION AND MANAGEMENT OF ALZHEIMERS, DEMENTIA CARE FACILITY			
5. State of Incorporation RHODE ISLAND				
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
President Name GUY MAIORANO		Vice-President Name		
Street Address 12 QUARRY ROAD		Street Address		
City MYSTIC	State CT	Zip 06355	City	State Zip
Secretary Name LESLIE TAYLOR		Treasurer Name GUY MAIORANO		
Street Address 58 TOM WHEELER ROAD		Street Address 12 QUARRY ROAD		
City NORTH STONINGTON	State CT	Zip 06359	City MYSTIC	State CT Zip 06355
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
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 This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
		NUMBER OF SHARES 2000	CLASS/SERIES N/A	PAR VALUE NONE
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 LESLIE TAYLOR			Date 02/14/2017	
Signature of Authorized Representative <i>Leslie Taylor</i> SIGN DOCUMENT HERE FEB 17 2017				

MAIL TO:
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