



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

Annual Report for the year: 2017

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 30.

1. Entity ID Number 30230		2. Exact name of the Corporation Rhode Island Health Care Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Representing the Nursing Facility industry in RI			
4. NAICS Code 813 910					
6. Principal Office Address 57 Kilvert St., Suite 200		City Warwick	State RI	Zip 02806	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Virginia M Burke			Vice-President Name Marguerite McLaughlin		
Street Address 57 Kilvert St. Suite 200			Street Address 57 Kilvert St, Suite 200		
City Warwick	State RI	Zip 02806	City Warwick	State RI	Zip 02806
Secretary Name Akshay Talwar			Treasurer Name Chuck Kenoian		
Street Address 57 Kilvert St, Suite 200			Street Address 57 Kilvert St, Suite 200		
City Warwick	State RI	Zip 02806	City Warwick	State RI	Zip 02806
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Donna Amaral			Director Name Shaun Cournoyer		
Street Address 57 Kilvert St, Suite 200			Street Address 57 Kilvert St., Suite 200		
City Warwick	State RI	Zip 02806	City Warwick	State RI	Zip 02806
Director Name Katie Norman			Director Name Mark Lescault		
Street Address 57 Kilvert St, Suite 200			Street Address 57 Kilvert St, Suite 200		
City Warwick	State RI	Zip 02806	City Warwick	State RI	Zip 02806
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<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 Virginia M Burke, President					Date 6/7/17
Signature of Officer/Authorized Representative 					

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

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JUN 21 2017

BY

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Corporate ID No. 30230

RIDER TO 2017 ANNUAL REPORT
OF RHODE ISLAND HEALTH CARE ASSOCIATION

7. ADDITIONAL OFFICERS:

Deb Griffin, Chairperson
57 Kilvert Street, Suite 200
Warwick, RI 02886

Trevor Kinney, First Vice-Chairperson
57 Kilvert Street, Suite 200
Warwick, RI 02886

Angelo Rotella, Second Vice-Chairperson
57 Kilvert Street, Suite 200
Warwick, RI 02886

8. ADDITIONAL DIRECTORS:

Kim Ciociola
57 Kilvert Street, Suite 200
Warwick, RI 02886

Anthony Barile
57 Kilvert Street, Suite 200
Warwick, RI 02886

Joan Woods
57 Kilvert Street, Suite 200
Warwick, RI 02886

Hugh Hall
57 Kilvert Street, Suite 200
Warwick, RI 02886

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