



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 87605		2. Exact name of the Corporation Elder Care Two, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To provide elderly or disabled person with housing facilities and services			
4. NAICS Code 624120 - Services for Elderly					
6. Principal Office Address 443 Hope Street		City Bristol	State RI	Zip 02809	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Bette Walpole		Vice-President Name David Rattray			
Street Address 30 Bay View Avenue		Street Address 150 Frankin Street, #237			
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Aida Cabral		Treasurer Name Anthony Marouchoc			
Street Address 3 Highview Avenue		Street Address 61 John Kesson Lane			
City Bristol	State RI	Zip 02809	City Middletown	State RI	Zip 02842
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 Denise Asciola		Director Name Josue D. Canario			
Street Address 50 Brooksfarm Drive		Street Address 395 Metacom Avenue			
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name Kasey Geremia		Director Name Diane Mederos			
Street Address 719 Hope St., #2		Street Address 6 Jessica Drive			
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
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 Bette Walpole, President					Date 6/27/17
Signature of Officer/Authorized Representative <i>Bette Walpole</i>					

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

JUN 29 2017

BY 5728 DS

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CORPORATE ID NO.: 87605

ELDER CARE TWO

ADDITIONAL DIRECTORS

Russ Mello
87 Arlington Avenue
Warren, RI 02885

Cathleen Paniccia
40 Westminster Street
Providence, RI 02903

Vicky White
2 Ursula Drive
Bristol, RI 02809

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JUN 29 2017
BY 572805
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