



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 137157		2. Exact name of the Corporation New Life Estates, Inc			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Organized for charitable and educational purposes			
4. NAICS Code 624120 - Services for Elderly ar					
6. Principal Office Address c/o UCP Rhode Island, 200 Main St Suite 120		City Pawtucket	State RI	Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Stacey L. Johnson		Vice-President Name Peter E. Baziotis			
Street Address 203 Ridge Rd		Street Address 200 Main St #350			
City Smithfield	State RI	Zip 02917	City Pawtucket	State RI	Zip 02860
Secretary Name Maureen Gaynor		Treasurer Name Jennifer Spagnole			
Street Address 7 Quaker Lane		Street Address 4 Whitney Drive			
City Smithfield	State RI	Zip 02828	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Peter Asen		Director Name James Cavallaro			
Street Address 21 Wood Street		Street Address 25 Quail Ridge Rd			
City Providence	State RI	Zip 02909	City Cranston	State RI	Zip 02921
Director Name Michael Breen		Director Name Damon Bradley			
Street Address 4 Timber Ridge Rd		Street Address 169 Robinson St			
City Charlestown	State RI	Zip	City East Providence	State RI	Zip 02914
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 Donna Shammass				Date 06-19-2017	
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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