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

Annual Report for the year: 2018
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			
069693	Cortland Place Health Care Center, Inc.			
3. Principal Office Address: 20 Austin Avenue		City: Greenville	State: RI	Zip: 02828
4. NAICS Code: 623312	6. Brief description of the character of business conducted in Rhode Island: Nursing Home/Assisted Living			
5. State of Incorporation: Rhode Island				

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

President Name: Norman P. Audino			Vice-President Name: Norman P. Audino, Jr.		
Street Address: 20 Austin Avenue			Street Address: 20 Austin Avenue		
City: Greenville	State: RI	Zip: 02828	City: Greenville	State: RI	Zip: 02828
Secretary Name: Norman P. Audino			Treasurer Name: Norman P. Audino, Jr.		
Street Address: 20 Austin Avenue			Street Address: 20 Austin Avenue		
City: Greenville	State: RI	Zip: 02828	City: Greenville	State: RI	Zip: 02828

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

Director Name: Norman P. Audino			Director Name: Norman P. Audino, Jr.		
Street Address: 20 Austin Avenue			Street Address: 20 Austin Avenue		
City: Greenville	State: RI	Zip: 02828	City: Greenville	State: RI	Zip: 02828
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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	Common	1.00

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
Norman P. Audino, Jr., Vice President	

Signature of Authorized Representative

SIGN DOCUMENT HERE

FILED
MAR 23 2018
BY KL 327148

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

FORM 630 - Revised: 10/2017