



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.

STATE OF RHODE ISLAND
 DEPARTMENT OF STATE
 BUSINESS SERVICES DIVISION

| | | | | |
|--|--|---|---|---------------------|
| 1. Entity ID Number 069693 | | 2. Exact name of the Corporation 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 <input type="checkbox"/> | | | | |
| 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 |
| 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 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | |
| 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 |
| Director Name | | Director Name | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| 9. Shares Authorized | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | 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. <i>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> | | | | |
| Name of Authorized Representative Norman P. Audino, Jr., Vice President | | | Date | |
| Signature of Authorized Representative  | | | FILED SIGN DOCUMENT HERE MAR 29 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