



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2018

**1. Corporate ID No.** 000161987

**2. Name of Corporation** CharterCARE Foundation

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813211

**4. Corporate Address in Rhode Island**

No. and Street: 7 WATERMAN AVENUE

City or Town: NORTH PROVIDENCE

State: RI

Zip: 02911

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

COMMUNITY FOUNDATION GRANTING FUNDS TO NON PROFIT ORGANIZATIONS  
FOR HEALTH WELLNESS AND EDUCATIONAL PURPOSES

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	DONALD C. MCQUEEN	3 SHADY LANE BARRINGTON, RI 02806 USA
TREASURER/DIRECTOR	PATRICIA WEGZRYN MCGREEN	43 BEACH PARK AVE WARWICK, RI 02886 US
SECRETARY/DIRECTOR	PETER F DEBLASIO, JR. MD	1532 SMITH ST N. PROVIDENCE, RI 02911 US
DIRECTOR	CAROLYN YOUNG MD	405 PROMENADE ST PROVIDENCE, RI 02906 USA
DIRECTOR	ANGELLA FRANKLIN	ONE CVS DRIVE WOONSOCKET, RI US
DIRECTOR	ELLEN MCCARTY	407 HIGH STRET SOMERSET, MA 02726 USA
DIRECTOR	RICHARD R. BERETTA ESQ.	ONE CITIZENS PLAZA PROVIDENCE, RI 02903 US
DIRECTOR	KEVIN P. STILES ESQ.	227 FRANKLIN ST BOSTON, MA 02110 US
DIRECTOR	SHANNON SHALLCROSS	125 CINDYANN DRIVE EAST GREENWICH, RI 02816 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

PAULA IACONO 7 WATERMAN AVENUE NORTH PROVIDENCE , RI 02911

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 9 Day of May, 2018 at 11:00:03 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By PAULA IACONO  
Signature of Authorized Person

Form No. 631  
Revised 09/07