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. 000028527

2. Name of Corporation HATTIE IDE CHAFFEE NURSING HOME

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 6

622310

4. Corporate Address in Rhode Island

No. and Street: 200 WAMPANOAG TRAIL
City or Town: RIVERSIDE State: RI Zip: 02915 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

LONG TERM NURSING HOME CARE

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JAY GREGORY	40 FAIRWAY DRIVE SEEKONK, MA 02771 USA
TREASURER	AMY GULDHAUGE	60 CATAMORE BLVD EAST PROVIDENCE, RI 02914 USA
SECRETARY	TEDFORD B RADWAY	1738 BROAD ST CRANSTON, RI 02905 USA
VICE PRESIDENT	KIMBERLY SERRA	735 WILLETT AVENUE RIVERSIDE, RI 02915 USA
DIRECTOR	SHARLEEN BOWEN	172 NAYATT ROAD BARRINGTON, RI 02806 USA
DIRECTOR	DEBORAH DINARDO	144 WAYLAND AVENUE PROVIDENCE, RI 02906 USA
DIRECTOR	PETER J MINIATI	397 COUNTY ROAD BARRINGTON, RI 02806 USA
DIRECTOR	MICHAEL REUTER DPM	950 WARREN AVENUE EAST PROVIDENCE, RI 02915 USA
DIRECTOR	CHRISTINA SCOLA	301 PROMENADE STREET PROVIDENCE, RI 02908 USA
DIRECTOR	STANLEY STUTZ MD	129 FAIRWAY DRIVE SEEKONK, MA 02771 USA
DIRECTOR	CASSANDRA THAYER	5 INDIGO ROAD BARRINGTON, RI 02806 USA
DIRECTOR	DAVID R MATERNE	6 DANA ROAD BARRINGTON, RI 02806 USA
DIRECTOR	KELLY RATCLIFFE	251 BROWN AVENUE SEEKONK, MA 02771 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

DEBORAH M. GRIFFIN 200 WAMPANOAG TRAIL EAST PROVIDENCE , RI 02915

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

Signed this 13 Day of June, 2018 at 11:19:30 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 PAMELA TETREAULT
Signature of Authorized Person

Form No. 631
Revised 09/07