



**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. 000030934

2. Name of Corporation Sargent Rehabilitation Center

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

4. Corporate Address in Rhode Island

No. and Street: 800 QUAKER LANE

City or Town: WARWICK

State: RI

Zip: 02818

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

OUTPATIENT MEDICAL AND EDUCATIONAL REHABILITATION

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MARILYN F. SERRA	800 QUAKER LANE WARWICK, RI 02818 USA
DIRECTOR	LOUIS DEMASCOLE	413 MAIN STREET EAST GREENWICH, RI 02818 USA
DIRECTOR	JEFF CHASE	59 RED CEDAR DRIVE CRANSTON, RI 02920 USA
DIRECTOR	DOMENIC DELMONICO	27 DEERFIELD DRIVE NORTH SCITUATE, RI 02857 USA
DIRECTOR	DANIEL FLAHERTY	33 COLLEGE HILL ROAD STE 20D WARWICK, RI 02886 USA
DIRECTOR	JOYCE BERETTA	13 WALCOTT AVENUE JAMESTOWN, RI 02835 USA
DIRECTOR	DEBRA LOBATO PH.D	1 HOPPIN STREET PROVIDENCE, RI 02903 USA
DIRECTOR	CATHY ANDREOZZI	383 OCEAN ROAD NARRAGANSETT, RI 02882 USA
DIRECTOR	STEPHEN PASQUAZZI	65 RIVER FARM DRIVE EAST GREENWICH, RI 02818 USA
VICE-CHAIRMAN	ROBERT GERVASINI	46 NORWICH WESTERLY ROAD NORTH STONINGTON, CT 06359 USA
SECRETARY	DAVID CROCKER	170 PHEASANT RUN SAUNDERSTOWN, RI 02874 USA
TREASURER	JANET MARCANTONIO	500 EXCHANGE STREET STE 1210 PROVIDENCE, RI 02903 USA
CHAIRMAN	RUSSELL HAHN	290 MAIN STREET WAKEFIELD, RI 02879 USA
DIRECTOR	ROBERT STEBENNE	1275 PARK EAST DRIVE WOONSOCKET, RI 02895 USA
DIRECTOR	JACK POMERANZ	209 BELLEVUE CT NARRAGANSETT, RI 02882 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

STANLEY A. SLOWICK SARGENT REHABILITATION CENTER 800 QUAKER LANE WARWICK , RI
02818

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

Signed this 18 Day of June, 2018 at 2:21:11 PM 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 MARILYN F. SERRA
Signature of Authorized Person

Form No. 631
Revised 09/07

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