




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

Annual Report for the year: **2018**
Non-Profit Corporation

- Filing period: June 1 - June 30
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 137157		2. Exact name of the Corporation New Life Estates Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Organized for charitable and educational purposes			
4. NAICS Code 624120 - Services for Elderly ar					
6. Principal Office Address c/o UCP Rhode Island, 200 Main Street, Suite 210		City Pawtucket	State RI	Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Peter E. Baziotis, MD			Vice-President Name Peter Asen		
Street Address 200 Main Street, Suite 350			Street Address 245 Armington Street		
City Pawtucket	State RI	Zip 02860	City Cranston	State RI	Zip 02905
Secretary Name Karen Cammuso, PhD			Treasurer Name Michael Breen		
Street Address 225 Chapman Street, Suite 302			Street Address 4 Timber Ridge Road		
City Providence	State RI	Zip 02905	City Charlestown	State RI	Zip 02813
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Cal Pierce			Director Name Damon Bradley		
Street Address 32 Circle Drive			Street Address 169 Robinson Street		
City North Kingstown	State RI	Zip 02852	City East Providence	State RI	Zip 02914
Director Name Joseph DiPina			Director Name		
Street Address 817 Weeden Street			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Donna Shammass				Date 6/13/2018	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE FILED	

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

JUN 18 2018
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