



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

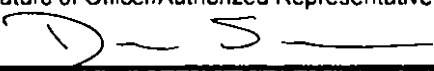
Annual Report for the year: **2018**

Non-Profit Corporation

→ Filing period: June 1 - June 30

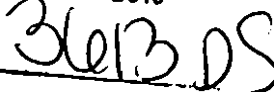
→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 80632		2. Exact name of the Corporation Cara 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	City Cranston	State RI
Zip 02860		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	City Charlestown	State RI
Zip 02905		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	City East Providence	State RI
Zip 02852		Zip 02914	
Director Name Joseph DiPina		Director Name	
Street Address 817 Weeden Street		Street Address	
City Pawtucket	State RI	City	State
Zip 02860		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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
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
BY 

FORM 631 - Revised: 11/2017