



**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.** 000504788

**2. Name of Corporation** Warm Supportive Homes, Inc.

**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: 56 SPRUCE STREET  
City or Town: WESTERLY State: RI Zip: 02891 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**

TO PROVIDE ELDERLY OR DISABLED PERSONS WITH HOUSING FACILITIES AND SERVICES DESIGNED TO MEET THEIR PHYSICAL, SOCIAL AND PSYCHOLOGICAL NEEDS

**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**Incorporator is no longer applicable; please delete**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	KRISTEN BATTISTI	56 SPRUCE ST. WESTERLY, RI 02891 USA
TREASURER	JOHN CILLINO	56 SPRUCE ST. WESTERLY, RI 02891 USA
SECRETARY	LISIA QUINLIVAN	56 SPRUCE ST. WESTERLY, RI 02891 USA
VICE PRESIDENT	CHERYL HAYWARD	56 SPRUCE ST. WESTERLY, RI 02891 USA
DIRECTOR	MICHAEL BONTEMPO	56 SPRUCE ST. WESTERLY, RI 02891 USA
DIRECTOR	JOEL COHEN	56 SPRUCE ST. WESTERLY, RI 02891 USA
DIRECTOR	JOYCE DUERR	56 SPRUCE ST. WESTERLY, RI 02891 USA
DIRECTOR	PETER SLOM	56 SPRUCE ST. WESTERLY, RI 02891 USA
DIRECTOR	JEROME RAY	56 SPRUCE ST. WESTERLY, RI 02891 USA
DIRECTOR	JOE GLENNON	56 SPRUCE ST. WESTERLY, RI 02891 USA
DIRECTOR	JOHN GOETSCH	56 SPRUCE ST. WESTERLY, RI 02891 USA
DIRECTOR	KRISLYN LAUNER	56 SPRUCE ST. WESTERLY, RI 02891 USA
DIRECTOR	ALAN MARTONE	56 SPRUCE ST. WESTERLY, RI 02891 USA
DIRECTOR	KIM MOYNIHAN-GIACHELLO	56 SPRUCE ST. WESTERLY, RI 02891 USA
DIRECTOR	KEVIN OWREN	56 SPRUCE ST. WESTERLY, RI 02891 USA
DIRECTOR	LORRAINE RANDALL	56 SPRUCE ST. WESTERLY, RI 02891 USA
DIRECTOR	THERESA SMITH	56 SPRUCE ST. WESTERLY, RI 02891 USA
DIRECTOR	ELIZABERTH TURNER	56 SPRUCE ST. WESTERLY, RI 02891 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**

ROBERT B. BERKELHAMMER, ESQ. ONE PARK ROW, SUITE 300 PROVIDENCE , RI 02903

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

**Signed this 29 Day of June, 2018 at 4:00:48 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 KRISTEN BATTISTI  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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