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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

## Annual Report for the year: Non-Profit Corporation

2018

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

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

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BY 5042	

1 Entity ID Number	2. Exact name of the Corporation						
29738	Steere House						
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island						
Rhode Island	Skilled Nursing Facility						
4. NAICS Code	]						
624120 - Services for Elderly							
Principal Office Address			City	State	Zıp		
100 Borden Street			Providence	RI	02903		
7. List ALL officers (names and addresses)  Check the box to indicate an attachment							
President Name Linda M. Cannistra, BS, MBA, CCRC			Vice-President Name Paul Astphan, RN, MBA				
Street Address 87 Ridge Road			Street Address 17 Adamsdale Road				
City Smithfield	State RI	<sup>Z<sub>1</sub>p</sup> 02917	City Attleboro	State MA	<sup>Zip</sup> <b>02703</b>		
Secretary Name Diane Steere Nobles, Ph. D			Treasurer Name Norma J. Owens, Pharm D. BCPS, FCCP				
Street Address 17 East Pond Road			Street Address 133 Camden Court				
City Narragansett	State RI	Zip 02882	City Wakefield	State RI	Zip <b>02879</b>		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment							
Director Name Carol C. McMahon			Director Name David Mullen				
Street Address 89 Yale Avenue			Street Address 216 Raleigh Avenue				
City Warwick	State RI	<sup>Z<sub>1</sub>p</sup> 02888	City Pawtucket	State RI	<sup>Zip</sup> 02860		
Director Name Timothy J. Reiner			Director Name David Dosa				
Street Address P.O. Box 463			Street Address 4 Overlook Rd.				
<sup>City</sup> Chepachet	State RI	<sup>Zip</sup> 02814	City Barrington	State RI	<sup>Zip</sup> 02806		
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.							
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee							
Name of Officer/Authorized Representative				Date			
Linda M. Cannistra 06/25/2018							
Signature of Officer/Authorized Representative Sign DOCUMENT HERE							

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov

## State of Rhode Island Office of the Secretary of State

2018 Annual Report Attachment

Corporate ID No. 29738

Robert Kohn, MD

23 Irving Avenue

Providence, RI 02906

Andrew Spacone

648 Blackstone Blvd.

Providence, RI 02906

FILED
JUN 2 9 2018