



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

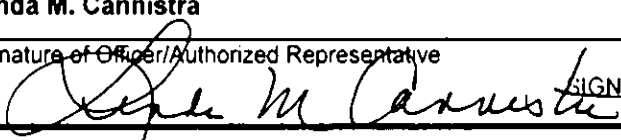
→ Filing Fee: \$20.00

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

FILED

JUN 29 2018

BY Sl092

1. Entity ID Number 29738		2. Exact name of the Corporation Steere House			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Skilled Nursing Facility			
4. NAICS Code 624120 - Services for Elderly					
6. Principal Office Address 100 Borden Street		City Providence		State RI	Zip 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	Zip 02917	City Attleboro	State MA	Zip 02703
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 02879
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	Zip 02888	City Pawtucket	State RI	Zip 02860
Director Name Timothy J. Reiner			Director Name David Dosa		
Street Address P.O. Box 463			Street Address 4 Overlook Rd.		
City Chepachet	State RI	Zip 02814	City Barrington	State RI	Zip 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 Linda M. Cannistra				Date 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

FORM 631 - Revised: 05/2017

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 29 2018
BY Swad *ea*