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

FILED
JUN 29 2018
BY 5692

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	2. Exact name of the Corporation
29738	**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	City	State	Zip
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**	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	Date
Linda M. Cannistra	**06/25/2018**

Signature of Officer/Authorized Representative
Linda M Cannistra 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

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