RI SOS Filing Number: 201872578590 Date: 7/18/2018 4:00:00 PM

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	2. Exact name of the Corporation
26986	Ballou Home For the Aged of Woonsocket Rhode Island
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Skilled Nursing Facility
4. NAICS Code: 813920	

6 Principal Office Address	City	State	Zip
60 Menoon Rd.	Woonsocket	RI	02895

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Nancy Saccoia	Ann Campbell Andrews
Street Address: 39 Beamis Ave	Street Address: 320 Angell Rd
City: Cumberland; State: RI; Zip: 02864	City: Lincoln; State: RI; Zip: 02865
Secretary Name	**Treasurer Name**
Renee Gobeille	Roland Piette
Street Address: 210 Constitution Court #203	Street Address: 95 Jenks St.
City: Johnston; State: RI; Zip: 02919	City: Wrentham; State: MA; Zip: 02093

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment: ☑

Director Name	Director Name
Mary Asquith	Matt Lacroix
Street Address: 40 Latham Farm Rd.	Street Address: 202 Paine St
City: Smithfield; State: RI; Zip: 02917	City: Bellingham; State: MA.; Zip: 02919
Director Name	**Director Name**
Brian Hunter	Stephen Rocco
Street Address: 9 Pine Grove Ave.	Street Address: 5 Appleseed Dr.
City: Lincoln; State: RI; Zip: 02865	City: Smithfield; State: RI; Zip: 02828

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
Donald Baker	7-16-18

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.ri.gov

FILED
JUL 18 2018
BY 11262 DS

FORM 631 - Revised: 11/2017

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

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3. State of Incorporation	5 Brief description of the character of business conducted in Rhode Island
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6. Principal Office Address	City	State	Zip

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President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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Director Name LISA STAFFIERI			Director Name GREGORY TUMOLO		
Street Address 60 BAY SPRING AVE			Street Address 370 MATTESON RD		
City BARRINGTON	State RI	Zip 02806	City HOPE	State RI	Zip 02831
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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Name of Officer/Authorized Representative	Date

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