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 30230	2. Exact name of the Corporation Rhode Island Health Care Association
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island Representing the Nursing Facility Industry in Rhode Island
4. NAICS Code 813910 - Business Association	

6. Principal Office Address	City	State	Zip
57 Kilvert St. Suite 200	Warwick	RI	02886

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

President Name Virginia M Burke			Vice-President Name None		
Street Address 57 Kilvert St. Suite 200			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name Akshay Talwar			Treasurer Name Chuck Kenoian		
Street Address 57 Kilvert St, Suite 200			Street Address 57 Kilvert St, Suite 200		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886

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

Director Name Shaun Cournoyer			Director Name Joan Woods		
Street Address 57 Kilvert St, Suite 200			Street Address 57 Kilvert St, Suite 200		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Director Name Kim Ciociola			Director Name Katherine Norman		
Street Address 57 Kilvert St., Suite 200			Street Address 57 Kilvert St, Suite 200		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886

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
Virginia M Burke	7/9/18

Signature of Officer/Authorized Representative

Virginia M Burke SIGN DOCUMENT HERE

FILED

JUL 23 2018

BY 15601 DS

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 11/2017

Corporate ID 30230

RIDER TO 2018 ANNUAL REPORT OF
RHODE ISLAND HEALTH CARE ASSOCIATION

7. ADDITIONAL OFFICERS

Hugh Hall, Chairperson
57 Kilvert St., Suite 200
Warwick, R.I. 02886

Trevor Kinney, First Vice-Chair
57 Kilvert St., Suite 200
Warwick, R.I. 02886

Anthony Barile, Second Vice-Chair
57 Kilvert St., Suite 200
Warwick, R.I. 02886

8. ADDITIONAL DIRECTORS

Angelo Rotella
57 Kilvert St., Suite 200
Warwick, R.I. 02886

Michael Criscione
57 Kilvert St., Suite 200
Warwick, R.I. 02886

Jennifer Fairbank
57 Kilvert St., Suite 200
Warwick, R.I. 02886

Linda Mastrobuono
57 Kilvert St., Suite 200
Warwick, R.I. 02886

Kelly Arnold
57 Kilvert St., Suite 200
Warwick, R.I. 02886

Mark Lescault
57 Kilvert St., Suite 200
Warwick, R.I. 02886

John Gage
57 Kilvert St., Suite 200
Warwick, R.I. 02886

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BY 30230 ID