



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2018

**1. Corporate ID No.** 000764534

**2. Name of Corporation** Rhode Island Partnership for Home Care Foundation

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813211

**4. Corporate Address in Rhode Island**

No. and Street: 24 CORLISS STREET

UNIT 6603

City or Town: PROVIDENCE

State: RI

Zip: 02904

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town:

State:

Zip:

Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

PROVIDE EDUCATION FOR HEALTHCARE PROVIDERS AND THE GENERAL PUBLIC ON THE VALUE OF HEALTHCARE AND HOME. PROVIDE RESOURCES TO HOME CARE AND HOSPICE PATIENTS AND CLIENTS IN ORDER FOR THEM TO CONTINUE TO LIVE SAFELY AND INDEPENDENTLY IN THEIR HOMES.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	LAURIE ELLISON	24 CORLISS STREET, UNIT 6603 PROVIDENCE, RI 02904 USA
TREASURER	MICHAEL BIGNEY	24 CORLISS STREET, UNIT 6603 PROVIDENCE, RI 02904 USA
SECRETARY	CHERYL LEVESQUE	24 CORLISS STREET, UNIT 6603 PROVIDENCE, RI 02904 USA
EXECUTIVE DIRECTOR	NICHOLAS OLIVER	24 CORLISS STREET, UNIT 6603 PROVIDENCE, RI 02904 USA
VICE PRESIDENT	VINCENT WARD	24 CORLISS STREET, UNIT 6603 PROVIDENCE, RI 02904 USA
OTHER OFFICER	NICHOLAS OLIVER	
DIRECTOR	IRENE QI	24 CORLISS STREET, UNIT 6603 PROVIDENCE, RI 02904 USA
DIRECTOR	DAWN PORRECA ANTAYA	24 CORLISS STREET, UNIT 6603 PROVIDENCE, RI 02904 USA
DIRECTOR	MARY BENWAY	24 CORLISS STREET, UNIT 6603 PROVIDENCE, RI 02904 USA
DIRECTOR	MICHAEL BIGNEY	24 CORLISS STREET, UNIT 6603 PROVIDENCE, RI 02904 USA
DIRECTOR	COLIN HANRAHAN	24 CORLISS STREET, UNIT 6603 PROVIDENCE, RI 02904 USA
DIRECTOR	KATHLEEN PEIRCE	24 CORLISS STREET, UNIT 6603 PROVIDENCE, RI 02904 USA
DIRECTOR	ASHLEY SADLIER	24 CORLISS STREET, UNIT 6603 PROVIDENCE, RI 02904 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

NICHOLAS OLIVER 24 CORLISS STREET, UNIT 6603 PROVIDENCE , RI 02904

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

*Signed this 30 Day of July, 2018 at 3:32:37 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By NICHOLAS OLIVER  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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