



**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:** 2019

**1. Corporate ID No.** 000730280

**2. Name of Corporation** VNA of Care New England 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   
813920

**4. Corporate Address in Rhode Island**

No. and Street: 51 HEALTH LANE  
City or Town: WARWICK State: RI Zip: 02886 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**

TO SERVE THE HEALTHCARE NEED AND IMPROVE THE HEALTH STATUS OF  
INDIVIDUALS

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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
TREASURER	KATHLEEN TOPOR	51 HEALTH LANE WARWICK, RI 02886 USA
SECRETARY	MARGARET M. MCGILLIVRAY	85 TILLINGHAST ROAD EAST GREENWICH, RI 02818 USA
CHAIRPERSON	KENT GLADDING	10 JAY COURT CRANSTON, RI 02921 USA
EX OFFICIO DIRECTOR	KATHLEEN PEIRCE	51 HEALTH LANE WARWICK, RI 02886 USA
EX OFFICIO DIRECTOR	KATHLEEN TOPOR	51 HEALTH LANE WARWICK, RI 02886 USA
EX OFFICIO DIRECTOR	JAMES FANALE, MD	45 WILLARD AVENUE PROVIDENCE, RI 02905 USA
DIRECTOR	MARGARET MCGILLIVRAY	85 TILLINGHAST ROAD EAST GREENWICH, RI 02818 USA
DIRECTOR	HOWARD OSTROWSKY	GOLUSES & COMPANY, 310 RESERVOIR AVENUE PROVIDENCE, RI 02907 USA
DIRECTOR	HECTOR I. RIOS	5 SHERWOOD LANE BARRINGTON, RI 02806 USA
DIRECTOR	KENT W. GLADDING	10 JAY COURT CRANSTON, RI 02921 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**

ASHLEY TAYLOR CARE NEW ENGLAND HEALTH SYSTEM 45 WILLARD AVENUE PROVIDENCE ,  
RI 02905

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

**Signed this 17 Day of June, 2019 at 12:34:37 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 KATHLEEN TOPOR  
Signature of Authorized Person

Form No. 631  
Revised 09/07