



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

Annual Report for the year: **2019**

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee \$20.00

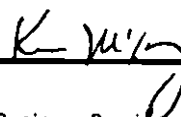
→ Penalty Additional \$25.00 fee if form is not filed by July 30.

FILED

JUN 21 2019

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045262

1. Entity ID Number 30138		2. Exact name of the Corporation TOCKWOTTON HOME			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island RESIDENTIAL HEALTHCARE SERVICES FOR THE ELDERLY			
4. NAICS Code 623110 SNF 623312 AL					
6. Principal Office Address 500 WATERFRONT DRIVE			City EAST PROVIDENCE	State RI	Zip 02914
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name KEVIN MCKAY			Vice-President Name		
Street Address 500 WATERFRONT DRIVE			Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip
Secretary Name KATHERINE SCOTT			Treasurer Name SUSAN DEWSNAP		
Street Address SEE ATTACHED			Street Address SEE ATTACHED		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors Check the box to indicate an attachment <input type="checkbox"/>					
Director Name SEE ATTACHED			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative KEVIN MCKAY, PRESIDENT				Date 6/12/19	
Signature of Officer/Authorized Representative 					

MAIL TO:
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Phone: (401) 222-3040
Website: www.sos.ri.gov

**Tockwotton Home
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March 2019**

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Chair Elect / Secretary

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