



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 27 2019

BY 7378 DS

1. Entity ID Number 29738		2. Exact name of the Corporation Steere House			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Skilled Nursing Facility			
4. NAICS Code 624120 - Services for Elderly					
6. Principal Office Address 100 Borden Street			City Providence	State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Linda M. Cannistra, BS, MBA, CCRC			Vice-President Name Paul Astphan, RN, MBA		
Street Address 87 Ridge Road			Street Address 17 Adamsdale Ave		
City Smithfield	State RI	Zip 02917	City Attleboro	State MA	Zip 02703
Secretary Name Diane Steere Nobles			Treasurer Name Norma Owens		
Street Address 17 East Pond Road			Street Address 133 Camden Court		
City Narragansett	State RI	Zip 02882	City Wakefield	State RI	Zip 02879
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name David Dosa, MD, MPH			Director Name Carol C. McMahon		
Street Address 4 Overlook Road			Street Address 89 Yale Avenue		
City Barrington	State RI	Zip 02806	City Warwick	State RI	Zip 02888
Director Name Debra Page-Trim			Director Name Timothy J. Reiner		
Street Address 2 Fairway Drive			Street Address P.O. BOX 463		
City Barrington	State RI	Zip 02806	City Chepachet	State RI	Zip 02814
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 Linda M. Cannistra				Date 06/17/2019	
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

State of Rhode Island
Office of the Secretary Of State

2019 Annual Report Attachment

Corporate ID No. 29738

Jonathan L. Cabot
17 Birchtree Drive
Johnston, RI 02919

David M. Mullen, J.D., MPH
216 Raleigh Avenue
Pawtucket, RI 02860

Andrew C. Spacone
648 Blackstone Blvd.
Providence, RI 02906

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