



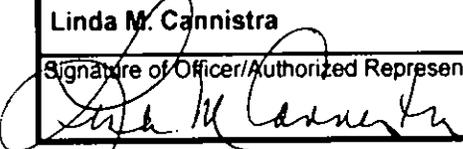
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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
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1. Entity ID Number 118174		2. Exact name of the Corporation The Steere House Foundation			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Fundraising activities to support resident care programs at Steere House.			
4. NAICS Code 813219 - Other Grantmaking					
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 type="checkbox"/>					
Director Name Dianne Bourget		Director Name Carol C. McMahon			
Street Address 1 Jupiter Lane Unit A		Street Address 89 Yale Avenue			
City Richmond	State RI	Zip 02898	City Warwick	State RI	Zip 2888
Director Name Julie H. Richard		Director Name			
Street Address 5 Wake Robin Road Unit 3003		Street Address			
City Lincoln	State RI	Zip 02895	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 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