



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

Annual Report for the year: **2020**

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 30 2020

0307

1. Entity ID Number 87605		2. Exact name of the Corporation Elder Care Two, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To provide elderly or disabled person with housing facilities and services.			
4. NAICS Code 624120 - Services for Elderly					
6. Principal Office Address 443 Hope Street			City Bristol	State RI	Zip 02809
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Josue D. Canario			Vice-President Name Anthony Marouchoc		
Street Address 15 Riverview Avenue			Street Address 61 John Kesson Lane		
City Bristol	State RI	Zip 02809	City Middletown	State RI	Zip 02842
Secretary Name Aida Cabral			Treasurer Name Denise Asciola		
Street Address 3 Highview Avenue			Street Address 50 Brooksfarm Drive		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
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 Bette Walpole			Director Name Russ Mello		
Street Address 30 Bay View Avenue			Street Address 87 Arlington Avenue		
City Bristol	State RI	Zip 02809	City Warren	State RI	Zip 02885
Director Name Vicky White			Director Name Mary Moreira		
Street Address 2 Ursula Drive			Street Address 570 Wood Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<i>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>					
<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 Josue D. Canario, President					Date
Signature of Officer/Authorized Representative <i>Josue D. Canario</i>					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

FORM 631 - Revised: 03/2019

**NON-PROFIT CORPORATION ANNUAL REPORT
FOR THE YEAR 2020; CORPORATE ID NO. #87605**

**ADDITIONAL DIRECTORS FOR
ELDER CARE TWO, INC.**

Kathy Bazinet
63 Duffield Road
Bristol, RI 02809

Catherine Tattrie
8 Schoolhouse Rd.
Warren, RI 02885