RI SOS Filing Number: 202044349660 Date: 7/8/2020 4:00:00 PM

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
JUL 08 2020
BY

1. Entity ID Number	2. Exact name of the Corporation
29738	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 a	

6. Principal Office Address	City	State	Zip
100 Borden St	Providence	RI	02903

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Linda M. Cannistra BS, MBA, CCRC			Vice-President Name: Paul Astphan		
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: 02703

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☑

Director Name: Jonathan L. Cabot			Director Name: David Dosa		
Street Address: 17 Birchtree Drive			Street Address: 4 Overlook Road		
City: Johnston	State: RI	Zip: 02919	City: Barrington	State: RI	Zip: 02806
Director Name: Carol C. McMahon			Director Name: Debra Page-Trim		
Street Address: 89 Yale Avenue			Street Address: 2 Fairway Drive		
City: Warwick	State: RI	Zip: 02888	City: Barrington	State: RI	Zip: 02806

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.

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

Name of Officer/Authorized Representative	Date
Linda M. Cannistra	06/30/2020

Signature of Officer/Authorized Representative: Linda M Cannistra 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: 06/2019

State of Rhode Island

Office of the Secretary of State

2020 Annual Report Attachment

Corporate ID No. 29738

Timothy J. Reiner

P.O. Box 463

Chepachet, RI 02814

Andrew C. Spacone

648 Blackstone Blvd.

Providence, RI 02906

Carol Yarnel

40 Honeysuckle Blvd

Providence, RI 02888

FILED

JUL 08 2020

BY 87864