



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 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 St		City Providence	State RI Zip 02903
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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	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	City Wakefield	State RI Zip 02703
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name Jonathan L. Cabot		Director Name David Dosa	
Street Address 17 Birchtree Drive		Street Address 4 Overlook Road	
City Johnston	State RI	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	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.			
<b>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.</b>			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative Linda M. Cannistra			Date 06/30/2020
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

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 8784  
DS