



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2021

**1. Corporate ID No.** 000161987

**2. Name of Corporation** CharterCARE Foundation

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

**4. Principal Office Address**

No. and Street: 7 WATERMAN AVENUE  
City or Town: NORTH PROVIDENCE State: RI Zip: 02911 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street: 125 CINDYANN DRIVE  
City or Town: EAST GREENWICH State: RI Zip: 02816 Country: UNI

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

COMMUNITY FOUNDATION GRANTING FUNDS TO NON PROFIT ORGANIZATIONS FOR HEALTH WELLNESS AND EDUCATIONAL PURPOSES

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	PATRICIA WEGZRYN MCGREEN	43 BEACH PARK AVENUE WARWICK, RI 02886 USA
VICE PRESIDENT/TREASURER	SHANNON SHALLCROSS	125 CINDYANN DRIVE EAST GREENWICH, RI 02816 USA
SECRETARY/DIRECTOR	PETER F DEBLASIO, JR. MD	1532 SMITH ST N. PROVIDENCE, RI 02911 US
DIRECTOR	CAROLYN YOUNG MD	405 PROMENADE ST PROVIDENCE, RI 02906 USA
DIRECTOR	ANGELLA FRANKLIN	ONE CVS DRIVE WOONSOCKET, RI US
DIRECTOR	CARMEN DIAS-JUSINO	80 BOWLET STREET PROVIDENCE, RI 02909 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

PAULA IACONO 7 WATERMAN AVENUE NORTH PROVIDENCE , RI 02911

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

**Signed this 3 Day of June, 2021 at 11:11:49 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.**

By PAULA IACONO  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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