



**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: February 1 - May 1

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: 2022

1. Corporate ID No. 001682526

2. Name of Corporation TLC4LTC

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



813219

4. Principal Office Address

No. and Street: 28 HESPER DRIVE

City or Town: EAST GREENWICH

State: RI

Zip: 02818

Country: USA

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

IMPROVING THE LIVES OF RESIDENTS AND STAFF IN THE LONG-TERM CARE SETTING BY RESPONDING TO LIFE'S CHALLENGES, UNMET NEEDS AND DREAMS, THROUGH A COMMUNITY-WIDE EFFORT TO DELIVER HOPE, HEALTH AND HEALING.

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.

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
DIRECTOR	LISA M. FERREIRA	3 KATLYNE COURT

		WESTPORT, MA 02790 USA
DIRECTOR	PAMELA BIBEALT	28 HESPER DRIVE EAST GREENWICH, RI 02818 USA
DIRECTOR	KELLY A. MAROT	4 NICOLE LANE JOHNSTON, RI 02919 USA
DIRECTOR	KAREN MORIN	250 HILL FARM ROAD COVENTRY, RI 02816 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

JENNIFER A. MINUTO, ESQ. 169 BLUFF AVENUE CRANSTON , RI 02905

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

Signed this 24 Day of January, 2022 at 3:41:47 PM 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 /S/ JENNIFER A. MINUTO
Signature of Authorized Person

Form No. 631
Revised 09/07

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