



**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. 000026137

2. Name of Corporation ALLIANCE FOR BETTER LONG TERM CARE, INC.

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: 422 POST ROAD, SUITE 204

City or Town: WARWICK

State: RI

Zip: 02888

Country: USA

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

IMPROVING THE QUALITY AND ACCESSIBILITY OF LONG-TERM CARE SERVICES FOR ELDERLY RHODE ISLANDERS.

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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JOHN HARPOOTIAN	31 LAUREN LANE WEST WARWICK, RI 02893 USA

SECRETARY	PAUL SEPE	69 KETTLE POINT ROAD EAST PROVIDENCE , RI 02914 USA
CFO	JOANN F LEONARD	86 OBADIAH AVENUE WARWICK, RI 02889 USA
DIRECTOR	GERI SEPE	69 KETTLE POINT ROAD EAST PROVIDENCE, RI 02914 USA
DIRECTOR	JOSEPH PROIETTA	155 SOUTH MAIN STREET PROVIDENCE , RI 02903 USA
DIRECTOR	CHARLES HOOVER	11 CARLTON AVENUE WAWRICK, RI 02889 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**

JOANN LEONARD 422 POST ROAD, SUITE 204 WARWICK , RI 02888

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

Signed this 28 Day of March, 2022 at 5:11:27 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 JOANN F LEONARD
Signature of Authorized Person

Form No. 631
Revised 09/07

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