



State of Rhode Island
Department of State - Business Services Division

FILED
APR 18 2022 AP
BY *[Signature]*

Annual Report for the year: 2022
Non-Profit Corporation _____

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 29738		2. Exact name of the Corporation Steere House, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Skilled Nursing Care and Rehabilitation			
4. NAICS Code 624120 - Services for Elderly a					
6. Principal Office Address 100 Borden Street		City Providence	State RI	Zip 02903	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Camdem Court			
City Narragansett	State RI	Zip 02882	City Wakefield	State RI	Zip 02879
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Carol McMahon		Director Name Jonathon L. Cabot			
Street Address 89 Yale Avenue		Street Address 17 Birchtree Drive			
City Warwick	State RI	Zip 02888	City Johnston	State RI	Zip 02919
Director Name Debra Page-Trim		Director Name Timothy J. Reiner			
Street Address 2 Fairway Drive		Street Address PO Box 463			
City Barrington	State RI	Zip 02806	City Chepachet	State RI	Zip 02814
9. The Registered Agent information of record with the RI Department of State is accurate. 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.					
<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 3/10/2022
Signature of Officer/Authorized Representative <i>[Signature]</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov