



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

APR 18 2022 JP

BY

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 <b>29738</b>		2. Exact name of the Corporation <b>Steere House, Inc.</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Skilled Nursing Care and Rehabilitation</b>			
4. NAICS Code 624120 - Services for Elderly a <input type="checkbox"/>					
6. Principal Office Address <b>100 Borden Street</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment					
President Name <b>Linda M. Cannistra, BS, MBA, CCRC</b>		Vice-President Name <b>Paul Astphan</b>			
Street Address <b>87 Ridge Road</b>		Street Address <b>17 Adamsdale Ave</b>			
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	City <b>Attleboro</b>	State <b>MA</b>	Zip <b>02703</b>
Secretary Name <b>Diane Steere Nobles</b>		Treasurer Name <b>Norma Owens</b>			
Street Address <b>17 East Pond Road</b>		Street Address <b>133 Camdem Court</b>			
City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <input type="checkbox"/> Check the box to indicate an attachment					
Director Name <b>Carol McMahon</b>		Director Name <b>Jonathon L. Cabot</b>			
Street Address <b>89 Yale Avenue</b>		Street Address <b>17 Birchtree Drive</b>			
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
Director Name <b>Debra Page-Trim</b>		Director Name <b>Timothy J. Reiner</b>			
Street Address <b>2 Fairway Drive</b>		Street Address <b>PO Box 463</b>			
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Chepachet</b>	State <b>RI</b>	Zip <b>02814</b>
9. The Registered Agent information of record with the RI Department of State is accurate. 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 <b>Linda M. Cannistra</b>					Date <b>3/10/2022</b>
Signature of Officer/Authorized Representative 					

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