	State of Rhode Office of the Secreta	ary of State	Fee: \$20.00	
	Division Of Business 148 W. River S Providence RI 029	treet 04-2615		
(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. <u>000111553</u>				
2. Name of Corporation Ocean State Assisted Living				
3. State of Incorporation				
State: <u>RI</u>				
based on the chosen selection. In assistance with selecting a class		ter it into the box on the righ	t. For further	
<u>624120</u>				
4. Principal Office Address				
No. and Street:5 SAINT ELIZABETH WAYCity or Town:EAST GREENWICHState: RIZip: 02818Country: USA				
5. Brief Description of the Character of the Affairs Conducted in Rhode Island				
OWNING AND OPERATING RESIDENTIAL CARE AND ASSISTED LIVING FACILITIES IN RHODE ISLAND				
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, 2	Zip Code, Country	
PRESIDENT	JULIE RICHARD	100 BORDEN S PROVIDENCE, RI 029		

TREASURER	CRAIG BUTZBACH	136 WEEDEN DRIVE EAST GREENWICH, RI 02818 USA	
SECRETARY	JULIE L. GOULET	215 CRESTWOOD ROAD WARWICK, RI 02886 USA	
VICE PRESIDENT	GEORGE MANLEY	54 WOODS WAY NORTH KINGSTOWN, RI 02852 USA	
DIRECTOR	NICOLE PLANTE	735 WILLETT AVE #102 RIVERSIDE, RI 02915 USA	
DIRECTOR	PAUL SWANSON	170 CHESTNUT DRIVE EAST GREENWICH, RI 02818 USA	
DIRECTOR	DIANE STEERE NOBLES	17 EAST POND ROAD NARRAGANSETT, RI 02882 USA	
DIRECTOR	DONALD C. FORSTER	112 ASTER STREET WARWICK, RI 02888 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

HAIGOUHI CORRIVEAU 5 SAINT ELIZABETH WAY EAST GREENWICH, RI 02818

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

Signed this 11 Day of July, 2022 at 2:14:37 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 HAIGOUHI CORRIVEAU

Signature of Authorized Person

Form No. 631 Revised 09/07

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