



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

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.

FILED

STAMP

FEB 09 2023

BY

1. Entity ID Number 502786		2. Exact name of the Corporation CharterCARE Community Board	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To establish, develop, operate and maintain an integrated health care delivery system to provide high quality health care and related services	
4. NAICS Code 622110 General Medical and <input type="checkbox"/>			
6. Principal Office Address c/o One Citizens Plaza, 10th Floor		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 NONE		Vice-President Name	
Street Address		Street Address	
City	State	Zip	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
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 NONE		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>			
Name of Officer/Authorized Representative Stephen F. Del Sesto, Liquidating Receiver		Date 2/1/2023	
Signature of Officer/Authorized Representative Liquidating Receiver			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.n.gov