



**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:** 2023

**1. Corporate ID No.** 000109709

**2. Name of Corporation** Rhode Island Nursing Home Group, 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

813920

**4. Principal Office Address**

No. and Street: 60 CATAMORE BOULEVARD  
STARKWEATHER & SHEPLEY

City or Town: EAST PROVIDENCE State: RI Zip: 02914 Country: USA

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

TO ENGAGE IN ACTIVITIES RELATING TO GROUP SELF-INSURANCE OF WORKERS' COMPENSATION LIABILITY FOR MEMBERS OF THE CORPORATION.

**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.**

| <b>Title</b>    | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country                    |
|-----------------|---|--|
| PRESIDENT       | KEVIN MCKAY   | C/O TOCKWOTTON HOME, 500 WATERFRONT DRIVE<br>EAST PROVIDENCE, RI 02914 USA           |
| TREASURER       | COLETTE SILVERMAN                                     | C/O SCANDANAVIAN COMMUNITIES, 1811 BROAD STREET<br>CRANSTON, RI 02905 USA            |
| SECRETARY       | HAIGOUHI CORRIVEAU                                    | C/O OCEAN STATE ASSISTED LIVING 5 ST. ELIZABETH WAY<br>EAST PROVIDENCE, RI 02818 USA |
| VICE PRESIDENT  | STEPHANIE IGOE  | C/O BETHANY HOMES, 111 SOUTH ANGELL ST<br>PROVIDENCE, RI 02906 USA                   |
| ASST. TREASURER | AMY GULDHAUGE   | PO BOX 549<br>PROVIDENCE, RI 02901 USA   |
| ASST. TREASURER | RICHARD ANDERSON                                      | PO BOX 549<br>PROVIDENCE, RI 02901 USA   |
| ASST. SECRETARY | BRIAN ZARTARIAN                                       | PO BOX 549<br>PROVIDENCE, RI 02901 USA   |
| DIRECTOR        | COLETTE SILVERMAN                                     | C/O SCANDANAVIAN COMMUNITIES, 1811 BROAD STREET<br>CRANSTON, RI 02905 USA            |
| DIRECTOR        | HAIGOUHI CORRIVEAU                                    | C/O OCEAN STATE ASSISTED LIVING 5 ST. ELIZABETH WAY<br>EAST GREENWICH, RI 02818 USA  |
| DIRECTOR        | KEVIN MCKAY   | C/O TOCKWOTTON HOME, 500 WATERFRONT DRIVE<br>EAST PROVIDENCE, RI 02914 USA           |
| DIRECTOR        | STEPHANIE IGOE  | C/O BETHANY HOMES, 111 SOUTH ANGELL ST<br>PROVIDENCE, RI 02906 USA                   |
| DIRECTOR        | JOSHUA SEGAL  | C/O STEERE HOUSE, 100 BORDEN STREET<br>PROVIDENCE, RI 02903 USA                      |
| DIRECTOR        | BARRY ZELTZER   | C/O HATTIE IDE CHAFFEE NURSING HOME, 200 WAMPANOAG TRAI<br>RIVERSIDE, RI 02915 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**

BRIAN ZARTARIAN STARKWEATHER & SHEPLEY 60 CATAMORE BOULEVARD EAST  
PROVIDENCE , RI 02914

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

**Signed this 2 Day of March, 2023 at 2:21:41 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 AMY GULDHAUGE  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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