



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

MAR 20 2023

75002

1. Entity ID Number 21387		2. Exact name of the Corporation Roberts Health Centre, Inc.			
3. Principal Office Address 25 Roberts Way			City North Kingstown	State RI	Zip 02852
4. NAICS Code 623110		6. Brief description of the character of business conducted in Rhode Island Nursing Home			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Richard A. Catallozzi			Vice-President Name Richard A. Catallozzi		
Street Address 25 Roberts Way			Street Address 25 Roberts Way		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Richard A. Catallozzi			Treasurer Name Richard A. Catallozzi		
Street Address 25 Roberts Way			Street Address 25 Roberts Way		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Richard A. Catallozzi			Director Name		
Street Address 25 Roberts Way			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/STOCKS	PAR VALUE
			200	Common	No Par
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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.					
Name of Authorized Representative Richard A. Catallozzi				Date 3/7/23	
Signature of Authorized Representative Richard A. Catallozzi					