



State of Rhode Island  
Department of State - Business Services Division

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.

REC'D RIDG5 BSD  
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1. Entity ID Number <u>000973737</u>		2. Exact name of the Corporation <u>The American College of Heather Case Administrators, Inc. RI Chapter</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Non-profit association of Nursing home administrators to facilitate education and information.</u>	
4. NAICS Code <u>813410</u>			
6. Principal Office Address <u>70 Harrison Ave</u>		City <u>Newport</u>	State <u>RI</u>
		Zip <u>02840</u>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Jen Romagnolo</u>		Vice-President Name <u>Kelly Arnold</u>	
Street Address <u>70 Harrison Ave</u>		Street Address <u>546 Main Street</u>	
City <u>Newport</u>	State <u>RI</u>	City <u>Coventry</u>	State <u>RI</u>
Zip <u>02840</u>		Zip <u>02816</u>	
Secretary Name <u>Orbacher Sechiv</u>		Treasurer Name <u>Tracie Abel</u>	
Street Address <u>546 Main Street</u>		Street Address <u>25 Roberts Way</u>	
City <u>Coventry</u>	State <u>RI</u>	City <u>North Kingstown</u>	State <u>RI</u>
Zip <u>02816</u>		Zip <u>02852</u>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>Jen Romagnolo</u>		Director Name <u>Kelly Arnold</u>	
Street Address <u>70 Harrison Ave</u>		Street Address <u>546 Main St.</u>	
City <u>Newport</u>	State <u>RI</u>	City <u>Coventry</u>	State <u>RI</u>
Zip <u>02840</u>		Zip <u>02816</u>	
Director Name <u>Tracie Abel</u>		Director Name	
Street Address <u>25 Roberts Way</u>		Street Address	
City <u>North Kingstown</u>	State <u>RI</u>	City	State
Zip <u>02852</u>		Zip	
9. The Registered Agent Information of record with the RI Department of State is accurate. Changes require filing Form 841.			
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative <u>Jennifer Romagnolo</u>			Date <u>10-27-23</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>			

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2815  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

FILED

NOV 27 2023  
BY HVUMA  
A.A. 4:14pm.