



State of Rhode Island  
Department of State - Business Services Division

REGISTRATION SERVICES  
2310127408301

Annual Report for the year: 2017  
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.

1. Entity ID Number <b>000973737</b>		2. Exact name of the Corporation <b>The American College of Health Care Administrators,</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>RI Chapter Non-profit Association of Nursing Home Administrators to facilitate education and information.</b>			
4. NAICS Code <b>813410</b>					
6. Principal Office Address <b>2115 South County TRAIL</b>			City <b>West Kingston</b>	State <b>RI</b>	Zip <b>02892</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Melissa Prewy</b>			Vice-President Name <b>TEN Romagnolo</b>		
Street Address <b>2115 South County TRAIL</b>			Street Address <b>10 HARRISON Ave</b>		
City <b>West Kingston</b>	State <b>RI</b>	Zip <b>02892</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
Secretary Name <b>Linda Wheeler</b>			Treasurer Name <b>Kelly Arnold</b>		
Street Address <b>4 St. Joseph St.</b>			Street Address <b>546 Main Street</b>		
City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>	City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>
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 <b>Elizabeth Sardo</b>			Director Name <b>Melissa Prewy</b>		
Street Address <b>57 River View Ave</b>			Street Address <b>2115 South County trail</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02884</b>	City <b>West Kingston</b>	State <b>RI</b>	Zip <b>02892</b>
Director Name <b>Linda Wheeler</b>			Director Name		
Street Address <b>4 St. Joseph St.</b>			Street Address		
City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 841.					
<b>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.</b>					
<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 <b>Jennifer Romagnolo</b>					Date <b>10-27-23</b>
Signature of Officer/Authorized Representative <i>Jennifer Romagnolo</i>					

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 AKI/MA  
A.A. 4:09 PM