



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 - ENTER THE CURRENT YEAR 2024:** 2024

1. Corporate ID No. 000030230

2. Name of Corporation Rhode Island Health Care Association

3. State of Incorporation

State: RI

**NAICS CODE**

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  
813990

4. Principal Office Address

No. and Street: 57 KILVERT ST  
SUITE 200

City or Town: WARWICK State: RI Zip: 02886 Country: USA

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

REPRESENTING THE NURSING HOME INDUSTRY IN R.I.

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.**

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	JOHN GAGE	57 KILVERT ST, SUITE 200 WARWICK, RI 02886 USA
TREASURER	ELIZABETH DAROSA	109 WEST SHORE RD. WARWICK, RI 02889 USA
SECRETARY	LINDSEY BOUCHARD	50 MAUDE ST. PROVIDENCE, RI 02908 USA
BOARD CHAIR	KELLY ARNOLD	369 BROAD ST. PROVIDENCE, RI 02906 USA
IMMEDIATE PAST CHAIR	TRACIE AREL	25 ROBERTS WAY NORTH KINGSTOWN, RI 02852 USA
FIRST VICE CHAIR	JOSH GELLIS	20 AUSTIN AVE. GREENVILLE, RI 02828 USA
VICE PRESIDENT	KATHERINE NORMAN	57 KILVERT ST. SUITE 200 WARWICK, RI 02886 USA
DIRECTOR	ANGELO ROTELLA	455 DOUGLAS AVE PROVIDENCE, RI 02908 USA
DIRECTOR	JOAN WOODS	600 VALLEY RD. MIDDLETOWN, RI 02842 USA
DIRECTOR	ELLEN DOWNING	239 LEGRIS AVE. WEST WARWICK, RI 02893 USA
DIRECTOR	LAUREN FLORIO	500 EXCHANGE ST. PROVIDENCE, RI 02903 USA
DIRECTOR	SHARON FUSCO	7 CREEK LANE BRISTOL, RI 02809 USA
DIRECTOR	KATHERINE GERBER	2 CHERRY HILL RD. JOHNSTON, RI 02919 USA
DIRECTOR	CHRISTOPHER HANNON	10 CABOT PLACE STOUGHTON, MA 02072 USA
DIRECTOR	BENJAMIN LESCAULT	54 BARKER AVE. WARREN, RI 02885 USA
DIRECTOR	STELLA MORAN	660 COMMONWEALTH AVE. WARWICK, RI 02886 USA
DIRECTOR	NATHAN NORTON	1608 RT. 88 SUITE 301 BRICK, NJ 08724 USA
DIRECTOR	AKSHAY TALWAR	49 OLD POCASSET RD. JOHNSTON, RI 02919 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**

JOHN E. GAGE 57 KILVERT STREET, SUITE 200 WARWICK , RI 02886

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

**Signed this 24 Day of January, 2024 at 12:20:39 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 JOHN E. GAGE, PRESIDENT & CEO  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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