

**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.** 000161987**2. Name of Corporation** CharterCARE Foundation**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

813211**4. Principal Office Address**No. and Street: 7 WATERMAN AVENUECity or Town: NORTH PROVIDENCEState: RIZip: 02911Country: USA**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**COMMUNITY FOUNDATION GRANTING FUNDS TO NON PROFIT ORGANIZATIONS  
FOR HEALTH WELLNESS AND EDUCATIONAL PURPOSES**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 |
|-------|-----------------|---------|
|-------|-----------------|---------|

|           | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country            |
|-----------|-----------------------------|------------------------------------------------------------|
| PRESIDENT | PATRICIA WEGZRYN MCGREEN    | 43 BEACH PARK AVENUE<br>WARWICK, RI 02886 USA              |
| DIRECTOR  | CAROLYN YOUNG MD            | 1320 NARRAGANSETT CIRCLE<br>CRANSTON, RI 02920 USA         |
| DIRECTOR  | ANGELLA FRANKLIN            | 147 PORT CIRCLE<br>NORWARWICK, RI 02889 USA                |
| DIRECTOR  | SHANNON SHALLCROSS          | 125 CINDYANN DRIVE<br>EAST GREENWICH, RI 02816 USA         |
| DIRECTOR  | PETER F DEBLASIO, JR. MD    | 1532 SMITH STREET<br>NORTH PROVIDENCE, RI 02911 USA        |
| DIRECTOR  | MARY P. BLANCHET MSN        | 1340 NARRAGANSETT BLVD<br>CRANSTON, RI 02905 USA           |
| DIRECTOR  | CARMEN R DIAZ-JUSTINO MA    | 80 BOWLET STREET<br>PROVIDENCE, RI 02909 USA               |
| DIRECTOR  | RILWAN J FEYISITAN JR.      | 100 BULLOCKS POINT AVENUE<br>EAST PROVIDENCE, RI 02914 USA |
| DIRECTOR  | MARY C SULLIVAN PHD         | 35 CLIFF DRIVE<br>NARRAGANSETT, RI 02882 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**

PAULA IACONO 7 WATERMAN AVENUE NORTH PROVIDENCE , RI 02911

**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 April, 2024 at 2:57:28 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 PAULA IACONO  
Signature of Authorized Person

Form No. 631  
Revised 09/07