

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.** 000137157
- 2. Name of Corporation NEW LIFE ESTATES, INC.
- 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 <u>click here.</u>

NAICS Code

<u>624120</u>

4. Principal Office Address

No. and Street: 200 MAIN STREET

C/O UCP RHODE ISLAND

City or Town: PAWTUCKET State: RI Zip: 02860 Country: USA

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

PROVIDE ELDERLY PERSONS AND HANDICAPPED PERSONS WITH HOUSING FACILITIES AND SERVICES SPECIALLY DESIGNED TO MEET THEIR PHYSICAL, SOCIAL AND PSYCHOLOGICAL NEEDS.

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 First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|----------------|--|---|
| PRESIDENT | SCOTT MARTIN | 110 PANTO ROAD WARWICK, RI 02886 USA |
| TREASURER | BROOKE ROSSI | 5 BLACK HAWK TRAIL SMITHFIELD, RI 02917 USA |
| SECRETARY | STACEY JOHNSON | 203 RIDGE ROAD SMITHFIELD, RI 02917 USA |
| VICE PRESIDENT | LUKE BRUNEAUX | 195 MODENA AVE PROVIDENCE, RI 02908 USA |
| DIRECTOR | ELENA NICOLELLA | 293 PROMENADE STREET, SUITE 455 PROVIDENCE, RI 02903 USA |
| DIRECTOR | PETER BAZIOTIS,MD | 200 MAIN STREET, SUITE 350 PAWTUCKET, RI 02860 USA |
| DIRECTOR | JEFFREY KAISE | 530 GREENWICH AVENUE WARWICK, RI 02886 USA |
| DIRECTOR | KARL PROVOST | 200 MAIN STREET PAWTUCKET, RI 02860 USA |
| DIRECTOR | PETER QUATTROMANI | 200 MAIN STREET PAWTUCKET, RI 02860 USA |
| DIRECTOR | IAN RIDLON | 501 WAMPANOAG TRAIL, SUITE 301 E. PROVIDENCE, RI 02915 USA |
| DIRECTOR | ERIC BIRNIE | 31 DEXTER ROAD NORTH SMITHFIELD, RI 02857 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

PETER QUATTROMANI 200 MAIN STREET, SUITE 210 PAWTUCKET, RI 02860

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

Signed this 29 Day of April, 2024 at 9:26:24 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 MICHAEL J PACKARD

Signature of Authorized Person

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