



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Partnership
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-13.1-212(e), each partnership failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-13-212(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024

1. ID No. 000049120

2. Exact Name of the Partnership CHARLESGATE NURSING CENTER

3. State of Formation

State: RI

NAICS CODE

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

623000

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

FORMER NURSING HOME, NOW LEASING SPACE FOR HOMELESS ORGANIZATIONS AND ADDITION REHAB.

5. Principal Office Address

No. and Street: C/O DAVENPORT ASSOCIATES, LTD.
50 RANDALL STREET

City or Town: PROVIDENCE

State: RI Zip: 02904 Country: USA

6. The name and business address of each general partner is:

An amendment is required to record a change in general partner(s) - use Form 301 (domestic) or Form 351 (Foreign)

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
NONE GIVEN - P	DAVENPORT ASSOCIATES, LTD.	670 NORTH MAIN STREET PROVIDENCE, RI 02904 USA

7. This report must be executed by a General Partner or by an Authorized Representative pursuant to R.I.G.L. 7-13.1-203.

Signed this 30 Day of April, 2024 at 2:39:30 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 partnership, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-13.1*

By IVETTE R FANTASIA
Signature of Authorized Person

Form No. 643
Revised 10/23

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