



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2025

Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000101018		2. Exact name of the Corporation Warwick Health Centre, Inc.	
3. Principal Office Address 109 West Shore Road		City Warwick	State RI
		Zip 02889	
4. NAICS Code 623110	6. Brief description of the character of business conducted in Rhode Island To operate a skilled care nursing facility		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Michael Bigney		Vice-President Name Kelly Arnold	
Street Address 10 Linden Drive		Street Address 435 Red Chimney Drive	
City Providence	State RI	City Warwick	State RI
Zip 02906		Zip 02886	
Secretary Name Stephanie Ryan		Treasurer Name Christopher Ryan	
Street Address 1 Strathmore Place		Street Address 923 Snake Hill Road	
City Cranston	State RI	City N. Scituate	State RI
Zip 02920		Zip 02857	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name Michael Bigney		Director Name Kelly Arnold	
Street Address 10 Linden Drive		Street Address 435 Red Chimney Drive	
City Providence	State RI	City Warwick	State RI
Zip 02906		Zip 02886	
Director Name Stephanie Ryan		Director Name Christopher Ryan	
Street Address 1 Strathmore Place		Street Address 923 Snake Hill Road	
City Cranston	State RI	City N. Scituate	State RI
Zip 02920		Zip 02857	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		2500	Common
			No Par
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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.			
Name of Authorized Representative Michael Bigney		FILED JAN 15 2025 BY EES2B	Date 1/12/2025
Signature of Authorized Representative 			

MAIL TO:
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Website: www.sos.ri.gov