[redacted] RI SOS Filing Number: 202565642930 Date: 2/18/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED STAMP
FEB 18 2025
BY

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	2. Exact name of the Corporation
21387	Roberts Health Centre, Inc.

3. Principal Office Address	City	State	Zip
25 Roberts Way	North Kingstown	RI	02852

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
623110	Nursing Home
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Richard A. Catallozzi	Richard A. Catallozzi
Street Address: 25 Roberts Way	Street Address: 25 Roberts Way
City: North Kingstown, State: RI, Zip: 02852	City: North Kingstown, State: RI, Zip: 02852
Secretary Name: Richard A. Catallozzi	**Treasurer Name:** Richard A. Catallozzi
Street Address: 25 Roberts Way	Street Address: 25 Roberts Way
City: North Kingstown, State: RI, Zip: 02852	City: North Kingstown, State: RI, Zip: 02852

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Richard A. Catallozzi	
Street Address: 25 Roberts Way	Street Address:
City: North Kingstown, State: RI, Zip: 02852	City: , State: , Zip:
Director Name	**Director Name**
Street Address:	Street Address:
City: , State: , Zip:	City: , State: , Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	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	Date
Richard A. Catallozzi	1/30/2025

Signature of Authorized Representative: Richard A. Catallozzi

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov