



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2025

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

APR 22 2025
BY

1. Entity ID Number 87605		2. Exact name of the Corporation Elder Care Two, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To provide elderly or disabled person with housing facilities and services.			
4. NAICS Code 624120					
6. Principal Office Address 443 Hope Street			City Bristol	State RI	Zip 02809
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Catherine Tattrie			Vice-President Name Russ Mello		
Street Address 8 Schoolhouse Road			Street Address 87 Arlington Avenue		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Secretary Name Mary Moreira			Treasurer Name Vicky White		
Street Address 570 Wood Street			Street Address 2 Ursula Drive		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Josue D. Canario			Director Name Anthony Marouchoc		
Street Address 15 Riverview Avenue			Street Address 61 John Kesson Lane		
City Bristol	State RI	Zip 02809	City Middletown	State RI	Zip 02842
Director Name Aida Cabral			Director Name Denise Asciola		
Street Address 3 Highview Avenue			Street Address 50 Brooks Farm Drive		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative Catherine Tattrie, President				Date 4-1-25	
Signature of Officer/Authorized Representative 					

**NON-PROFIT CORPORATION ANNUAL REPORT
FOR THE YEAR 2025; CORPORATE ID NO. #87605**

**ADDITIONAL DIRECTORS FOR
ELDER CARE TWO, INC.**

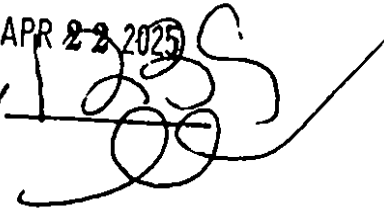
Kathy Bazinet
63 Duffield Road
Bristol, RI 02809

Bette Walpole
30 Bay View Avenue
Bristol, RI 02809

FILED

APR 22 2025

BY

A handwritten signature in black ink, appearing to be "JSS", is written over the "BY" line and extends to the right.