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 2025: 2025

1. Corporate ID No. 001749431

2. Name of Corporation CharterCARE Health of Rhode Island, 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 click here.

NAICS Code
813110

4. Principal Office Address

No. and Street: 825 CHALKSTONE AVENUE
City or Town: PROVIDENCE State: RI Zip: 02908 Country: USA

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

THE CORPORATION IS ORGANIZED AND AT ALL TIMES SHALL BE OPERATED EXCLUSIVELY
FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSES WITHIN THE
MEANING OF SECTION 501(C)(3) OF THE CODE

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	BENJAMIN M. MINGLE	3050 PEACHTREE ROAD NW SUITE 580 ATLANTA, GA 30305 USA
TREASURER	GREGORY GROVE	3050 PEACHTREE ROAD NW, SUITE 580 ATLANTA, GA 30305 USA
SECRETARY	GREGORY GROVE	3050 PEACHTREE ROAD NW, SUITE 580 ATLANTA, GA 30305 USA
DIRECTOR	JEFF LIEBMAN	825 CHALKSTONE AVENUE PROVIDENCE, RI 02908 USA
DIRECTOR	BENJAMIN M. MINGLE	3050 PEACHTREE ROAD NW, SUITE 580 ATLANTA, GA 30305 USA
DIRECTOR	GREGORY GROVE	3050 PEACHTREE ROAD NW, SUITE 580 ATLANTA, GA 30305 USA
DIRECTOR	SUE PAINTER	3050 PEACHTREE ROAD NW, SUITE 580 ATLANTA, GA 30305 USA
DIRECTOR	EDWIN SANTOS	825 CHALKSTONE AVENUE PROVIDENCE, RI 02908 USA
DIRECTOR	MARIA LEONARD	825 CHALKSTONE AVENUE PROVIDENCE, RI 02908 USA
DIRECTOR	DR. GERALD MARSOCCI	825 CHALKSTONE AVENUE PROVIDENCE, RI 02908 USA
DIRECTOR	DR. VIJAY SUGHEENDRA	825 CHALKSTONE AVENUE PROVIDENCE, RI 02908 USA
DIRECTOR	DR. LOUIS MARIORENZI	825 CHALKSTONE AVENUE PROVIDENCE, RI 02908 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

MCLAUGHLINQUINN LLC 148 WEST RIVER STREET SUITE 1E PROVIDENCE , RI 02904

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, 2025 at 2:33:51 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 BENJAMIN M. MINGLE
Signature of Authorized Person

Form No. 631
Revised 09/07