



**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: 2023

1. Corporate ID No. 000030934

2. Name of Corporation Sargent Rehabilitation Center

3. State of Incorporation

State: RI

ARTICLE III

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
611110

4. Principal Office Address

No. and Street: 800 QUAKER LANE
City or Town: WARWICK State: RI Zip: 02818 Country: USA

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

OUTPATIENT MEDICAL AND EDUCATIONAL REHABILITATION

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
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PRESIDENT	DAVID A. KANE	800 QUAKER LANE WARWICK, RI 02818 USA
TREASURER	ROBERT J. GERVASINI	9 HAMILTON ROAD WESTERLY, RI 02891 USA
DIRECTOR	DANIEL FLAHERTY	33 COLLEGE HILL ROAD STE 20D WARWICK, RI 02886 USA
DIRECTOR	STEPHEN PASQUAZZI	65 RIVER FARM DRIVE EAST GREENWICH, RI 02818 USA
CHAIRMAN	RUSSELL HAHN	290 MAIN STREET WAKEFIELD, RI 02879 USA
DIRECTOR	KATE KISHFY	47 SOUTH MEADOW LANE BARRINGTON, RI 02806 USA
DIRECTOR	ROBERT STEBENNE	560 USQUEPAUGH ROAD WEST KINGSTON, RI 02892 USA
DIRECTOR	KENNETH A. DUVA	11 BEACON DRIVE N. KINGSTOWN, RI 02852 USA
DIRECTOR	PRASHA SARWATE	1 SAN GIOVANNI DR NORTH PROVIDENCE, RI 02911 USA
DIRECTOR	VERONICA BROWN	3 SULLIVAN STREET NEWPORT, RI 02840 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**

STANLEY A. SLOWICK 800 QUAKER LANE WARWICK , RI 02818

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 27 Day of January, 2023 at 10:00:27 AM 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 MARY SHEPARD
Signature of Authorized Person

Form No. 631
Revised 09/07