



**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 FILING YEAR 2023: 2023

1. Corporate ID No. 000026690

2. Name of Corporation Meeting Street

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: 1000 EDDY STREET
City or Town: PROVIDENCE State: RI Zip: 02905 Country: USA

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

HEALTH CARE FACILITY INCLUDING REHABILITATIVE SERVICES & SCHOOL FOR MULTI-HANDICAPPED

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 | Address |
|-------|-----------------|---------|
|-------|-----------------|---------|

| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |
|---|-------------------------------|---|
| PRESIDENT | JOHN M KELLY | 1000 EDDY STREET PROVIDENCE, RI 02905 USA |
| CHIEF BUSINESS OFFICER & ASSISTANT SECRETARY | DENISE PARENT | 1000 EDDY STREET PROVIDENCE, RI 02905 USA |
| DIRECTOR | BETH PINHEIRO | RHODE ISLAND COLLEGE 600 MOUNT PLEASANT AVE PROVIDENCE, RI 02909 USA |
| TREASURER & DIRECTOR | JAMES HAGERTY | WASHINGTON TRUST COMPANY 23 BROAD STREET WESTERLY, RI 02891 USA |
| DIRECTOR | RUPERT BURTAN | ARAMARK 167 VALLEY STREET PROVIDENCE, RI 02909 USA |
| SECRETARY & DIRECTOR | MICHELE ROBERTS | BRISTOL COUNTY SAVINGS BANK 29 BROADWAY TAUNTON, MA 02780 USA |
| DIRECTOR | DAVID FONTES | 1 CAPITAL WAY CRANSTON, RI 02910 USA |
| DIRECTOR | LUCILLE CAVAN | 24582 BEACHCOMBER DRIVE MILLSBORO, DE 19966 USA |
| DIRECTOR | EVE VELIZ-MORAN | 95 TABOR AVENUE PROVIDENCE, RI 02906 USA |
| VICE CHAIR & DIRECTOR | JILL ANDY | 3 FLETCHER WAY NORTON, MA 02766 USA |
| DIRECTOR | M. EVAN SHERER | 50 AMICA WAY LINCOLN, RI 02865 USA |
| DIRECTOR | ALYCE PAGLIARINI | CNA FINANCIAL GROUP 181 RESERVOIR AVENUE REHOBETH, MA 02769 USA |
| DIRECTOR | DONALD SWANSON | 229 PERRYVILLE ROAD REHOBETH, MA 02769 USA |
| DIRECTOR | RICHARD W MACADAMS ESQ | 63 GERMAINE DRIVE NORTH ATTLEBORO, MA 02760 USA |
| CHAIR & DIRECTOR | MIKE MCKELVY | MCDERMOTT INTERNATIONAL 915 N.ELDRIDGE PARKWAY HOUSTON, TX 77079 USA |
| DIRECTOR | AUGUSTINE A. MANOCCHIA JR. | BCBS OF RI 500 EXCHANGE STREET PROVIDENCE, RI 02905 USA |
| DIRECTOR | CHARLES GORMLEY MD | 53 HIGH STREET DARTMOUTH, MA 02748 USA |
| DIRECTOR | HARVEY E. LEE JR. | COX BUSINESS SERVICES 9 J.P. MURPHY HIGHWAY WEST WARWICK, RI 02893 USA |
| DIRECTOR | JONATHAN SCHWARTZ MD | PO BOX 80655 DARTMOUTH, MA 02748 USA |
| DIRECTOR | TOM CLARKE | CLARKE DISTRIBUTORS CORP 393 FORTUNE BLVD MILFORD, MA 01757 USA |
| DIRECTOR | ANTONIO LOPES | TILT COMMUNICATIONS 39 FERRY ROAD SAUNDERSTOWN, RI 02874 USA |
| DIRECTOR | SABINA MATOS | OFFICE OF LT. GOVERNOR STATE HOUSE, ROOM 116 PROVIDENCE, RI 02903 USA |
| DIRECTOR | KEN MUSKET | ORION RED 270 JENCKES HILL ROAD SMITHFIELD, RI 02917 USA |

DIRECTOR

MICHAEL A. ROCCHIO

530 EAST SHORE ROAD
JAMESTOWN, RI 02835 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**

JOHN M. KELLY, ESQ. 1000 EDDY STREET PROVIDENCE , RI 02905

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

Signed this 16 Day of May, 2023 at 1:41:11 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 JOHN M. KELLY
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2023 State of Rhode Island
All Rights Reserved