RI SOS Filing Number: 202339480250 Date: 7/14/2023 4:00:00 PM

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State of Rhode Island Department of State - Business Services Division

FILED JUL 14 2023

Annual Report for the year:	2023	
Non-Profit Corporation	<u> </u>	

- → Filing period: February 1 May 1 → Filing Fee: \$20.00

Penalty: Additional \$25.00 fee if	form is not filed by	May 31.					
1. Entity ID Number		of the Corporation					
30138	Tockwotton Home						
3. State of Incorporation		5. Brief description of the character of business conducted in Rhode Island					
RI	Resid	Residential Health care Services for the Elderly					
4. NAICS Code 623/10 SNF			Educity of the second	, • · · · • · · <u>-</u> · <u>-</u> · <u>-</u>			
b. Principal Unice Address	<u> </u>		City	State	Zip		
500 Waterfrom	nt Drive		East Providence	RI	02914		
7. List ALL officers (names and addresses)			Check th	he box to indicate a	an attachment		
President Name Kevin Mc Kay		Vice-President Name					
Street Address 500 Water front Orive		Street Address	Street Address				
City East Providence	State R /	Zip 2914	City	State	Zip		
Secretary Name Emelia Da	lia Da Silva-Tavares		Treasurer Name Rafael Yepez				
Street Address 500 : Wa	terfrant	Drive	Street Address See A	Street Address See Attached			
City East Providence	State R1	Zip 02914	City	State	Zip		
8. List ALL directors (names and ac	dresses). RI Corp	porations MUST lis		he box to indicate :	an attachment		
Director Name See Attached		Director Name					
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Director Name	Director Name		Director Name	Director Name			
Street Address		Street Address	Street Address				
City	State	Zip	City	State	Zip		
9. The Registered Agent information	n of record with th	e R1 Department c	of State is accurate. Changes requir	re filing Form 64	1,		
Under penalty of perjury, I declar statements, and that all statemen	re and affirm that nts contained he	I have examined rein are true and	this report, including any accom	panying sched	lules and		
		Secretary, Assistant Sec	cretary, Treasurer, duly Authorized Represent	ative, Receiver or Tru	JStee		
Name of Officer/Authorized Representative Kerin McKay Signature of Officer/Authorized Representative				Date 06/29/	12023		
Signature of Officer/Authorized Rep							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhobe Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FILED
JUL 14 2023
BY 05 3007

Tockwotton on the Waterfront Board of Directors Contact Info. May 2023

James Atchison, Esq.
Darrow Everett LLP
77 Carolyn Drive
West Warwick Pt 02902

<u> 1111</u>

Kristen Breton 21 Kirkbrae Drive Lincoln, RI 02865

Emilia DaSilva-Tavarez

Dr. Clifford Fields 43 Elmgrove Avenue Providence, RI 02906

Dr. David Kroessler, M.D. Angell Street Psychiatry 321 Hope Street Providence, RI 02906

Karen Marshall

:<u>om</u>

Elinore McCance-Katz, M.D. 33 Sefton Drive Cranston, RI 02905 Marianne Raimondo 25 Aspen Lane Greenville, RI 02828

Chair

Michael Tauber 100 New Meadow Road Barrington, RI 02806

Rafael Yepez 65 Fairfield Road Cranston, RI 02910

Dr. Susan Weiss 86 Meadowcrest Drive Cumberland, RI 02864

Irene Ziegler 9 Laurel Avenue Providence, RI 02906