



State of Rhode Island
Department of State - Business Services Division

FILED

MAY 16 2024

BY *P/55092*

Annual Report for the year: 2024
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.

1. Entity ID Number <i>30138</i>		2. Exact name of the Corporation <i>Tockwotton Home</i>			
3. State of Incorporation <i>RI</i>		5. Brief description of the character of business conducted in Rhode Island <i>Residential Healthcare Services for the Elderly</i>			
4. NAICS Code <i>623110 SNF</i> <i>623312 AL</i>					
6. Principal Office Address <i>500 Waterfront Drive</i>			City <i>East Providence</i>	State <i>RI</i>	Zip <i>02914</i>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name <i>Kevin McKay</i>			Vice-President Name		
Street Address <i>500 Waterfront Drive</i>			Street Address		
City <i>East Providence</i>	State <i>RI</i>	Zip <i>02914</i>	City	State	Zip
Secretary Name <i>Karen Marshall</i>			Treasurer Name <i>Rafael Yopez</i>		
Street Address <i>See Attached</i>			Street Address <i>See Attached</i>		
City	State	Zip	City	State	Zip
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 <i>See Attached</i>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <i>Kevin McKay</i>				Date <i>05/07/2024</i>	
Signature of Officer/Authorized Representative <i>K McKay</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

**Tockwotton on the Waterfront
Board of Directors
May 2024**

Kristen Breton
21 Kirkbrae Drive
Lincoln, RI 02865

Marianne Raimondo
25 Aspen Lane
Greenville, RI 02828
Chair

Emilia DaSilva-Tavarez
500 Waterfront Drive
East Providence, RI 02914

Michael Tauber
100 New Meadow Road
Barrington, RI 02806

Dr. Clifford Fields
43 Elmgrove Avenue
Providence, RI 02906

Rafael Yopez
65 Fairfield Road
Cranston, RI 02910
Treasurer

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

Dr. Susan Weiss
86 Meadowcrest Drive
Cumberland, RI 02864

Karen Marshall
500 Waterfront Drive
East Providence, RI 02914
Secretary

Elinore McCance-Katz, M.D.
33 Sefton Drive
Cranston, RI 02905
Vice Chair