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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
61216	Coram Healthcare Corporation of Rhode Island			
3. Street Address Principal Business Office		City	State	Zip
1675 Broadway, Suite 900		Denver	CO	80202
4. Business Phone No.	5. State of Incorporation			
303-672-8631	DE			

6. Brief Description of the Character of Business Conducted in Rhode Island
Healthcare-infusion pharmacy

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Robert T. Allen	1675 Broadway, Suite 900	Denver	CO	80202

Vice President Name	Street Address	City	State	Zip
Vito Ponzio, Jr.	1675 Broadway, Suite 900	Denver	CO	80202

Secretary Name	Street Address	City	State	Zip
Michael E. Dell	1675 Broadway, Suite 900	Denver	CO	80202

Treasurer Name	Street Address	City	State	Zip
Robert T. Allen	1675 Broadway, Suite 900,	Denver	CO	80202

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Robert T. Allen	1675 Broadway, Suite 900,	Denver	CO	80202

Director Name	Street Address	City	State	Zip
Vito Ponzio, Jr.	1675 Broadway, Suite 900	Denver	CO	80202

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
500	common	.01

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted] [redacted]

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.

Vito Ponzio 10/1/08
Signature *Date*

Vito Ponzio, Jr.
Print or Type Name

SR VP and Director
Title

[redacted]

File Date FILED
Check No. OCT 09 2008
By: By 693437
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26912-5-279223

Form 630 Rev. 08/08