



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 2009

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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 87483		2. Name of Corporation A Caring Experience Nursing Services, Inc.		
3. Street Address Principal Business Office 21 Douglas Ave		City Providence	State RI	Zip 02908
4. Business Phone No. 401-453-4545		5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island To Provide Home Health and Nursing Services.				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name DEAN M. DENUCCIO		Vice President Name		
Street Address 21 DOUGLAS AVENUE		Street Address		
City PROV.	State RI	Zip 02908		
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip		
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name DEAN M. DENUCCIO		Director Name		
Street Address SAME AS ABOVE		Street Address		
City	State	Zip		
Director Name ANTHONY SCORPIO		Director Name		
Street Address 222 RICHMOND ST		Street Address		
City PROV	State RI	Zip 02903		
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
		Number of Shares 5000	Class/Series	Par Value NO PAR VALUE

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.

File Date	FILED
Check No	JAN 09 2009
By:	By 73608
FOR SECRETARY OF STATE USE ONLY	

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.

Signature: Dean M. Denuccio Date: 1-5-09
Print or Type Name: DEAN M. DENUCCIO
Title: PRESIDENT