



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&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 140015		2. Name of Corporation SELINA ARAMSCO NURSING SERVICES INC.	
3. Street Address Principal Business Office 1442 MENDON ROAD		City WINDSOR	State RI
4. Business Phone No. 401-762-5173		5. State of Incorporation RHODE ISLAND	
6. Brief Description of the Character of Business Conducted in Rhode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name SELINA COKER		Vice President Name SELINA COKER	
Street Address 1442 MENDON ROAD		Street Address SAME	
City WINDSOR	State RI	City WINDSOR	State RI
Secretary Name SELINA COKER		Treasurer Name SELINA COKER	
Street Address SAME		Street Address SAME	
City WINDSOR	State RI	City WINDSOR	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name		Director Name	
Street Address		Street Address	
City WINDSOR	State RI	City WINDSOR	State RI
Director Name		Director Name	
Street Address		Street Address	
City WINDSOR	State RI	City WINDSOR	State RI
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	Class/Series
		500 ND	COMMON
		Par Value	ND PAR
		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.

FILED

File Date FEB 17 2009

Check No. BY 19053

By: _____

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 _____ Date 2/13/09

SELINA ARAMSCO COKER
Print or Type Name

PRESIDENT
Title