



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

Fee: \$50.00

Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615  
Telephone: (401) 222-3040

**Business Corporation  
Annual Report**

Filing Period: January 1 - March 1

*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.*

**ANNUAL REPORT YEAR:** 2009

**1. Corporate ID No.** 000095260

**2. Name of Corporation** Home Instead Senior Care of Rhode Island, Inc.

**3. Street Address Principal Business Office:**

No. and Street: 7291 POST ROAD

City or Town: NORTH KINGSTOWN

State: RI

Zip: 02852

Country: USA

**4. Business Phone No.**

**5. State of Incorporation**

State:

**6. Brief Description of the Character of Business Conducted in Rhode Island**

TO PROVIDE NON-MEDICAL COMPANION CARE.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.**

| <b>Title</b> | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|--------------|-------------------------------------------------------|-------------------------------------------------------------------|
| PRESIDENT    | GARY LEITER                                           | 7291 POST ROAD<br>NORTH KINGSTOWN, RI 02852 USA                   |
| TREASURER    | GARY LEITER                                           | 7291 POST ROAD<br>NORTH KINGSTOWN, RI 02852 USA                   |
| SECRETARY    | GARY LEITER                                           | 7291 POST ROAD<br>NORTH KINGSTOWN, RI 02852 USA                   |
| DIRECTOR     | GARY LEITER                                           | 7291 POST ROAD<br>NORTH KINGSTOWN, RI 02852 USA                   |

#### 8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized Shares<br><i>Number of Shares</i> | Total Issued and Outstanding<br><i>Num of Shares</i> |
|----------------|-----------------|---------------------|----------------------------------------------------|------------------------------------------------------|
| CNP            |                 | \$0.00              | 2,000.00                                           | 100                                                  |

**9. 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.**

**Signed this 20 Day of February, 2009 at 11:17:21 AM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By GARY LEITER  
Signature of Authorized Representative of the Corporation

PRESIDENT  
Title

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.**

Form No. 630  
Revised 09/07

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