



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
148 W. River St.
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*

*** 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. 63085		2. Name of Corporation PHENIX HOME CARE & NURSING SERVICE, INC.			
3. Street Address Principal Business Office 227 PHENIX AVENUE			City CRANSTON	State RI	Zip 02920
4. Business Phone No. 401-943-6230		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island HOME CARE NURSING SERVICES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name NICHOLAS PASSARELLI, JR.			Vice President Name NICHOLAS PASSARELLI, JR.		
Street Address 227 PHENIX AVENUE			Street Address 227 PHENIX AVENUE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Secretary Name NICHOLAS PASSARELLI, JR.			Treasurer Name NICHOLAS PASSARELLI, JR.		
Street Address 227 PHENIX AVENUE			Street Address 227 PHENIX AVENUE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NICHOLAS PASSARELLI, JR.			Director Name		
Street Address 227 PHENIX AVENUE			Street Address		
City CRANSTON	State RI	Zip 02920	City	State RI	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
			100 SHARES	COMMON	NO PAR

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.	FEB 25 2009
By:	By 5/21
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 **2-25-09**
NICHOLAS PASSARELLI, JR.
Print or Type Name
PRESIDENT
Title