



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

ROFIT 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(c), 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. 66836		2. Name of Corporation CONSISTENT CARE CORPORATION			
3. Street Address Principal Business Office 8 CLINTON AVE			City JAMESTOWN	State RI	Zip 02835
4. Business Phone No. 401-423-1060		5. State of Incorporation RI			
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 GAIL SHEAHAN			Vice President Name CHARLES SHEAHAN		
Street Address 37 CLARKES VILLAGE			Street Address 36 HARVESTWOOD LANE		
City JAMESTOWN	State RI	Zip 02835	City HIGGANUM	State CT	Zip 06441
Secretary Name ELIZABETH SHEAHAN			Treasurer Name DALE MILLER		
Street Address 25 NORTH HIGH VIEW DRIVE			Street Address 11320 TEN ROD ROAD STE F103		
City NARRAGANSET	State RI	Zip 02882	City NO KINGSTOWN	State RI	Zip 02852
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name GAIL SHEAHAN			Director Name CHARLES SHEAHAN		
Street Address 37 CLARKES VILLAGE			Street Address 36 HARVESTWOOD LANE		
City JAMESTOWN	State RI	Zip 02835	City HIGGANUM	State CT	Zip 06441
Director Name ELAZABETH SHEAHAN			Director Name DALE MILLER		
Street Address 25 NORTH HIGH VIEW DRIVE			Street Address 11320 TEN ROD ROAD STE F103		
City NARRAGANSET	State RI	Zip 02882	City NO KINGSTOWN	State RI	Zip 02852
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐ ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000 COMMON NO PAR VALUE			1000	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.

FILED

File Date **MAR 31 2009**

Check No. **5924**

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 Gail Sheahan Date 3/31/09

GAIL SHEAHAN

Print or Type Name

PRESIDENT

Title