



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. 000140128

2. Name of Corporation COWESETT HOME CARE, INC.

3. Street Address Principal Business Office:

No. and Street: 2181 POST ROAD

City or Town: WARWICK State: RI Zip: 02886 Country: USA

4. Business Phone No.

401-921-5644

5. State of Incorporation

State: RI

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

TO OWN, MANAGE AND OPERATE A HOME AND HEALTH CARE SERVICE

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

| Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|----------------|---|---|
| TREASURER | JOHN E BUCCI JR | 111 SUMMIT VIEW LANE NORTH KINGSTOWN, RI 02852 USA |
| SECRETARY | LAURIE ELLISON | 41 AUDEBON LANE HOPE, RI 02831 USA |
| PRESIDENT | JOHN E BUCCI JR. | 111 SUMMIT VIEW LANE NORTH KINGSTOWN, RI 02852- USA |
| VICE PRESIDENT | LAURIE ELLISON | 41 AUDUBON LANE HOPE, RI 02831 USA |

8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized Shares <i>Number of Shares</i> | Total Issued and Outstanding <i>Num of Shares</i> |
|----------------|-----------------|---------------------|--|--|
| CNP | | \$0.00 | 4,000.00 | 1000 |

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 21 Day of April, 2009 at 3:25:06 PM. *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 **JOHN BUCCI**
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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