

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street
Pswidence, RI 02904-2615
401.222,3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a

penalty fee of \$25.00.	• •				·	
1. Corporate ID No.	2. Name of Corporation					
29044	VNS HomeCare, Inc.					
3. State of Incorporation	4. Corporate address in Ri	oode Island - Street Address		City:	Zip	
Rhode Island	14 Woodruff Aven	ue, Suite 7		Narragansett	02882	
5. Foreign corporation. Enter principal office address			City	State	Zip	
6. Brief Description of the character o	of the affairs which are acti	ially conducted in Rhode Isla	nd	<u> </u>	1	
Home Health Care		•				
	OF THE OFFICERS:	("X" BOX FOR ATTACH	MENT)	FORE USING ATTACH	MENTS	
President Name			Vice President Name			
Mary Lou Rhodes			None			
Street Address 14 Woodruff Avenue, Suite 7			Street Address			
City	State	Zip	City	State	Ζίρ	
Narragansett	RI	02882			'	
Secretary Name		02002	Treasurer Name		L	
Linda Butcher			None			
Street Address			Street Address			
128 South Road						
City	State	Ζψ	City	State	Zip	
Wakefield	RI	02879				
8. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR ATTAC	HMENT) TILL IN SPACES B	EFORE USING ATTACE	IMENTS	
	ORS OF A DOMESTIC	C (RHODE ISLAND) C	ORPORATION <u>SHALL NOT B</u>	BE LESS THAN THREE	(3). R.I.G.L. 7-6-23	
Director Name			Director Name			
Joseph Matthews			Laura Harris			
Street Address			Street Address			
3103 Old Post Road			2625E Commodore Perry Highway			
City	State	Zip	City	State	Zip	
Perryville	RI	02879	Wakefield	RI	02879	
Director Name Jason Marshall			Director Name Meg Sisco			
Street Address			Street Address			
14 Woodruff Avenue			6 North Stuart Street			
City	State	Zip	City	State	Zip	
Narragansett	RI	02882	Westerly	RI	02891	
9. REGISTERED AGENT IN 1	RHODE ISLAND					
This information is currently of	of record in the Office	of the Secretary of State	. Changes require filing of Forn	1 641 - R.I.G.L. 7-6-13/7	-6-78	
This papers and	the officer of the order of	ha Basaldana Mina Basa	ident, Secretary, Assistant Secr	naturus Turansusus Danais	T	

File Date FILED
JUN 1 5 2009
By 1662
FOR SECRETARY OF STATE USE ONLY

29044

Under penalty of perjury, I declare and affirm	
report, including any accompanying schedules a	
statements contained herein are prie and correc	t.
Mary Fon Kholes Signature of Officer	- 5/14/2009
Signature of Officer	Date
Mary Lou Rhodes	
Print or Type Name of Officer	
President	
Title of Officer	F (2) D 0007
	Form 631 Rev. 09/17