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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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

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(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. 66836	*2. Name of Corporation* CONSISTENT CARE CORPORATION

3. Street Address Principal Business Office	*City*	*State*	*Zip*
8 CLINTON AVE	JAMESTOWN	RI	02835

4. Business Phone No.	*5. State of Incorporation*
401-423-1060	RI

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

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	*Vice President Name*
GAIL SHEAHAN	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 ELAZABETH SHEAHAN	*Treasurer Name* DALE MILLER
Street Address 25 NORTH HIGH VIEW DRIVE	*Street Address* 1130 TEN ROD ROAD STE F103
City NARRAGANSET, *State* RI, *Zip* 02882	*City* NO KINGSTON, *State* RI, *Zip* 02852

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	*Director Name*
GAIL SHEAHAN	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* 1130 TEN ROD ROAD STE F103
City NARRAGANSET, *State* RI, *Zip* 02882	*City* NO KINGSTON, *State* RI, *Zip* 02852

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	*Class/Series*	*Par Value*
1000	COMMON	NO VALUE

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.

[redacted]

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* 1/27/2015

GAIL SHEAHAN
Print or Type Name

PRESIDENT
Title

File Date _____

Check No. _____

By: _____

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FEB - 5 2010
By 110285

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Form 630 Rev. 08/08