RALPH MOLL Sta	te of Rhode Island and Pro Office of the Secreta		IS Fee: \$50.		
Division Of Business Services					
	148 W. River S				
Con line to	Providence RI 029				
etary of St	(401) 222-30	40			
Foreign Business Corp	oration				
Annual Report iling Period: January 1 - Marc	sh 1				
	1.2-1501(e), each corporation faili days after the time prescribed by				
7-1.2-1501(c&d)) is subject to					
ANNUAL REPORT YEAR: <u>2(</u>	<u>)11</u>				
1. Corporate ID No. 000	0144246				
2. Name of Corporation <u>H</u>	UDSON HOME HEALTH CA	RE, INC.			
3. Street Address Principal	Business Office:				
No. and Street: <u>151 RC</u>	OCKWELL ROAD				
City or Town: <u>NEWI</u>	NGTON Stat	te: <u>CT</u> Zip: <u>06111</u>	Country: USA		
4. Business Phone No.					
860-666-7500					
5. State of Incorporation					
Otata: CT					
State: CI					
State: <u>CT</u>					
	Character of Business Conducte	ed in Rhode Island			
6. Brief Description of the C					
6. Brief Description of the C	Character of Business Conducte		ESSIBILITY		
6. Brief Description of the C			<u>ESSIBILITY</u>		
6. Brief Description of the C	ID RETAIL SALES AND INST		ESSIBILITY		
6. Brief Description of the C <u>REHAB EQUIPMENT AN</u> <u>PRODUCTS</u>	ID RETAIL SALES AND INS		ESSIBILITY		
 Brief Description of the C <u>REHAB EQUIPMENT AN</u> <u>PRODUCTS</u> Names and Addresses of All officers and directors 	ID RETAIL SALES AND INS the Officers and Directors: must be listed.	TALLATION OF ACC			
6. Brief Description of the C <u>REHAB EQUIPMENT AN</u> <u>PRODUCTS</u> 7. Names and Addresses of	ID RETAIL SALES AND INS	TALLATION OF ACC	ess		
 Brief Description of the C <u>REHAB EQUIPMENT AN</u> <u>PRODUCTS</u> Names and Addresses of All officers and directors 	ID RETAIL SALES AND INST the Officers and Directors: must be listed. Individual Name	FALLATION OF ACC Address, City or Town, St	ess ate, Zip Code, Country		
 6. Brief Description of the C <u>REHAB EQUIPMENT AN</u> <u>PRODUCTS</u> 7. Names and Addresses of All officers and directors Title 	ID RETAIL SALES AND INST the Officers and Directors: must be listed. Individual Name First, Middle, Last, Suffix	TALLATION OF ACC	ess ate, Zip Code, Country CE AVE		
 6. Brief Description of the C <u>REHAB EQUIPMENT AN</u> <u>PRODUCTS</u> 7. Names and Addresses of All officers and directors Title 	ID RETAIL SALES AND INST the Officers and Directors: must be listed. Individual Name First, Middle, Last, Suffix	TALLATION OF ACC Address, City or Town, St 105 BRU	ess ate, Zip Code, Country CE AVE CT 06489 USA E AVENUE		

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding <i>Num of</i> <i>Shares</i>
CWP		\$1.00	5,000.00	881
corporation is in the ha corporation by the rece Signed this 7 Day of Feb individuals signing this in signatory, under penalties act and deed of the corpo electronic filing, in compl By <u>EDWARD V. CURLE</u> Signature of Authorized	ruary, 2011 at 12:3 <i>istrument constitute</i> <i>s of perjury, that thi</i> <i>bration, and that the</i> <i>liance with R.I. Gen.</i>	1:27 PM. This ele s the affirmation o s instrument is tha facts stated herei Laws § 7-1.2.	or acknowledgement of t it individual's act and de	individual o he ved or the
<u>VICE PRESIDENT</u> Title				
This report cannot be listed in section 7.	accepted for filing if	an officer has exe	ecuted the form and he/s	he is not
Form No. 630 Revised 09/07				
© 2007 - 2011 State of Rhode Isla	and and Providence Plantati			