

A. Ralpb Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

401.222.3040

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

| penany jee oj \$25.00. | | | | | | |
|--|--|---|---|------------------------|--------------------|--|
| 1. Corporate ID No. | 2. Name of Corporation | | | | | |
| 579b3 | Rhode Island Partnership For Home Care | | | | | |
| 3. State of Incorporation | 4. Corporate address in R | 4. Corporate address in Rhode Island - Street Address | | | Zip | |
| RI | 57 Kilvert Street S | 57 Kilvert Street Suite 101 | | | 02886 | |
| 5. Foreign corporation. Enter principal office address | | | City | State | Zíp | |
| N/A | | | | | | |
| 6. Brief Description of the character | of the affairs which are act | ually conducted in Rhode Isla | and and | | | |
| Trade association for home | care and hospice or | ganizations. | | | | |
| | • | - | _ | | | |
| 7. NAMES AND ADDRESSES | 5 OF THE OFFICERS | : ("X" BOX FOR ATTACHI | — | BEFORE USING ATT | ACHMENTS | |
| President Name | | | Vice President Name | | | |
| Janet Lowell | | | Joanne Smith | | | |
| Street Address | | | Street Address | | | |
| 50 Maude Street | | 1 | 111 Brewster Street | T. | | |
| City | State | Zíp | City | State | Ζψ | |
| Providence | RI | 02908 | Pawtucket | RI | 02860 | |
| Secretary Name | | | Treasurer Name | | | |
| Jean Anderson | | | Michael Bigney | | | |
| Street Address | | | Street Address | | | |
| 1184 East Main Street | | | 334 East Avenue | | | |
| City | State | Zip | City | State | Zip | |
| Portsmouth | RI | 02871 | Pawtucket | RI | 02860 | |
| 8. NAMES AND ADDRESSES | | | _ | | آ <u>ئ</u> ت. | |
| | ORS OF A DOMESTIC | C (RHODE ISLAND) C | CORPORATION <u>SHALL NOT BE LESS THAN THREE</u> (3). R.I.G.L. 7:5525. | | | |
| Director Name | | | Director Name | | | |
| Richard Westlake | | | Mary Lou Rhodes | | | |
| Street Address | | | Street Address | | | |
| 35 Agnes Street | | | 14 Woodruff Street | | | |
| Сйу | State | Ζίφ | City | State | Zip | |
| East Providence | RI | 02914 | Narragansett | RI | 02860 | |
| Director Name | | | Director Name | | | |
| Irene Qi | | | Mary Linn Hamilton | | | |
| Street Address | | | Street Address | | | |
| Reservoir Avenue | | | 475 Kilvert Street | | | |
| Сйу | State | Zίψ | City | State | Zip | |
| Cranston | RI | 02905 | l Warwick | RI | 02886 | |
| 9. REGISTERED AGENT IN RHODE ISLAND | | | | | | |
| This information is currently | of record in the Office | of the Secretary of State | . Changes require filing of Fo | rm 641 - R.I.G.L. 7-6- | -13/7-6-78 | |
| This report must | t he signed by either t | the President Vice Pres | ident Secretary Assistant Se | ecretary Treasurer P | eceiver or Trustee | |

| | FILED | | | | |
|-------------------------------------|-----------------|--|--|--|--|
| File Date | JUN 2.0 2011 | | | | |
| Check No. | 5088 | | | | |
| By: FOR SECRETARY OF STATE USE ONLY | | | | | |

| Under penalty of perjury, I declare and affirm the report, including any accompanying schedules and | |
|---|-----------|
| statements contained herein are true and correct. | |
| Ant Lewer | 6/10/2011 |
| Signature of Officer | Date |
| Janet Lowell | |
| Print or Type Name of Officer | |
| President | |
| Title of Officer | |

RI Partnership For Home Care

Addenda to Secretary of State Annual Report

Mary Benway Community Care Nurses 6946 Post Road Suite 500 North Kingston, RI 02852 Phone: 295-8862 Fax: 295-9780

Laurie Ellison Cowesett Home Care 2181 Post Road Warwick, RI 02886 Phone: 921-5644 Fax: 921-1708 Kim Gilbert

Vital Care of Rhode Island 1525 Old Louisquisset Pike- A205 Lincoln, RI 02865 Phone: 726-7744 Fax: 726-7774

Deborah Giordano Life Care at Home of RI 63 Sockanosset Crossroad Cranston, RI 02920 Phone: 383-2250 Fax: 383-2660

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