



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign 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: 2011

1. Corporate ID No. 000508593

2. Name of Corporation New England Home Therapies, Inc.

3. Street Address Principal Business Office:

No. and Street: 337 TURNPIKE ROAD

City or Town: SOUTHBOROUGH

State: MA

Zip: 01772

Country: USA

4. Business Phone No.

5. State of Incorporation

State: MA

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

INFUSION PHARMACY SERVICES, NURSING SERVICES, AND HOME MEDICAL
EQUIPMENT SERVICES HOME HEALTHCARE SERVICES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	RICHARD M SMITH	100 CLEARBROOK RD ELMSFORD, NY 10523 USA
SECRETARY	BARRY A POSNER	100 CLEARBROOK RD ELMSFORD, NY 10523 USA
SR VP-OPERATIONS	COLLEEN LEDERER	100 CLEARBROOK RD ELMSFORD, NY 10523 USA
VICE PRES-FINANCE	PATRICIA BOGUSZ	100 CLEARBROOK RD ELMSFORD, NY 10523 USA
EX VP	BARRY A POSNER	100 CLEARBROOK RD ELMSFORD, NY 10523 USA
DIRECTOR	BARRY A POSNER	100 CLEARBROOK RD ELMSFORD, NY 10523 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	200,000.00	2000

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 1 Day of August, 2011 at 12:54:49 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 BARRY A POSNER
Signature of Authorized Representative of the Corporation

SECRETARY
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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