

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 · This report must be typed or printed legibly.
Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT

1. Entity ID No.		me of the Corporation		IIII YEGIOO I EII		
73140		echnicare, Inc.				
3. Principal office address 322 George Washington Highway		City Lincoln	State RI	Zip 02865		
4. Business Phone No. 401-335-2493			5. State of Incorporation Rhode Island			
		s conducted in Rhode Island with durable medica		medical supplies.	-	
7. LIST ALL OFFICERS (NAMES AND ADD	ESSES) ("X" BOX FOR A	TTACHMENT)		22 CC	
President Name Frederick Macri			Vice-President Name			
Street Address 593 Eddy Street			Street Address		1 255	
City Providence	State RI	Zip 02903	City	State	Zigen 100 Silving	
Secretary Name Kenneth E. Arnold			Treasurer Name Mary A. Wakefield		0: 24 0: 24	
Street Address 167 Point Street		Street Address 167 Point Street				
City Providence	State RI	Zip 02903	City Providence	State Ri	Zip 02903	
	(NAMES AND ADD	PRESSES) ("X" BOX FOR	ATTACHMENT)			
Director Name Alfred J. Verrecchia (Chairman)			Director Name Scott Laurans			
Street Address 1011 Newport Aven	ue		Street Address 1 Financial Plaz	za		
City Pawtucket	State RI	Zip 02860	City Providence	State RI	Zip 02903	
Director Name Frederick Macri			Director Name George A. Vecchione			
Street Address 593 Eddy Street			Street Address 167 Point Street			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903	
9. SHARES AUTHORIZED)	<u> </u>	10. SHARES ISSUE	O ("X" BOX FOR ATTAC	HMENT)	
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
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.		1,000	Common	\$1.00		
This report must be execu	ted on behalf of the this report mu	corporation by an authorize st be executed on behalf of	ed representative. If the the the corporation by the r	corporation is in the hand receiver or trustee.	s of a receiver or trustee,	

File Date	- FILED "	this report, including any accompanying schedules and statements and that all statements contained herein are true and correct.		
Check No	- ILIN O 4 2040	Signature of Authorized Representative	my 31, 2012	
Ву:	_ JUN 04 2012	Signature of Authorized Representative	O / Date	
FOR SECRETARY OF STATE USE OF	171800	Kenneth E. Arnold		
orm No. 630	111000	Print or Type Name of Authorized Represent	ative	

Revised: 01/2012

VNA Technicare, Inc. No. 8 Names and Addresses of the Directors

Mary A. Wakefield Lifespan Corporation 167 Point Street Providence, RI 02903