



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

Fee: \$20.00

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

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

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.

ANNUAL REPORT YEAR: 2012

1. Corporate ID No. 000026503

2. Name of Corporation HOMEFRONT HEALTH CARE

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 725 BRANCH AVENUE SUITE 214

City or Town: PROVIDENCE

State: RI Zip: 02904 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

HOME HEALTH CARE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	JOSEPH CICIONE	30 NORTHUP PLAT RD COVENTRY, RI 02816 USA
SECRETARY	PATRICIA CUSSON	28 HOXIE CT COVENTRY, RI 02816 USA
CHAIR	JOHN SIMONE	70 SACHEM RD RIVERSIDE, RI 02915 USA
PRESIDENT	ROBERT J CAFFREY	17 WILLCROFT STREET CUMBERLAND, RI 02864- USA
DIRECTOR	EUGENE LECO	60 KIMBERLY DR NORTH ATTLEBORO, MA 02760 USA
DIRECTOR	MARILYN BROUSSARD	44 EAGLE B RUN EAST GREENWICH, RI 02818 USA
DIRECTOR	DANIEL COGAR	166 VALLEY ST APT 6M 314 PROVIDENCE, RI 02909 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

ROBERT J. CAFFREY 725 BRANCH AVENUE, SUITE 214 PROVIDENCE , RI 02904-

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver, or Trustee.

Signed this 14 Day of June, 2012 at 10:13:41 AM. *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 § 7-6.*

By ROBERT J. CAFFREY
Signature of Officer of the Corporation

☒ President or ☐ Vice President or ☐ Secretary or ☐ Assistant Secretary or
☐ Treasurer or ☐ Receiver or ☐ Trustee (check one)

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. 631
Revised 09/07