RI SOS Filing Number: 201438783480 Date: 05/08/2014 4:00 PM

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 2014

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 IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation		
10104	HC Watson Corp.		
3. Principal office address: 245 Waterman St Ste. 308	City: Providence	State: RI	Zip: 02906
4. Business Phone No.: 401-272-3520	5. State of Incorporation: State of NY		
6. Brief description of the character of business conducted in Rhode Island: Home Health & Supplemental staffing			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: J. M Watson			Vice-President Name		
Street Address: 72 atlantic Place			Street Address		
City: S. Portland	State: ME	Zip: 04106	City	State	Zip
Secretary Name: Mora Stanley			Treasurer Name		
Street Address: 72 atlantic Place			Street Address		
City: S. Portland	State: ME	Zip: 04106	City	State	Zip

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: Susan Watson			Director Name		
Street Address: 72 Atlantic Place			Street Address		
City: S. Portland	State: ME	Zip: 04106	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

2014 MAY -8 AM 9:45
SECRETARY OF STATE
CORPORATIONS DIV

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
20,000	CWP/A	0.0100
50,000	CWP/B	0.0100

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.

FOR SECRETARY OF STATE USE ONLY
File Date:
Check No:
By:

FILED
MAY 08 2014
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9:47

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Julie Giuffre 5/8/14
Signature of Authorized Representative — Date

Julie Giuffre
Print or Type Name of Authorized Representative

Form No. 630
Revised 05/2012
166265-2887229