RI SOS Filing Number: 201450821670 Date: 12/08/2014 2:29 PM

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: 2014

1. Corporate ID No. 000026857

2. Name of Corporation RHODE ISLAND VISITING NURSE NETWORK, INC.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 1184 EAST MAIN ROAD
City or Town: PORTSMOUTH State: RI Zip: 02871 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

TO PROVIDE A NETWORK OF COMMUNICATIOON AND SERVICES WITHIN THE HOME CARE INDUSTRY

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
PRESIDENT	MARY LOU RHODES	WOODRUFF AVENUE NARRAGANSETT, RI 02882 USA
TREASURER	NANCY ROBERTS	51 HEALTH LANE WARWICK, RI 02886 USA

0-4522-0

DIRECTOR	SHARON JONES	115 E. MAIN ROAD LITTLE COMPTON, RI 02837 USA
DIRECTOR	DONNA GOIVEIRA	6 BLACKSTONE PLACE, SUITE515 LINCOLN, RI 02865 USA
DIRECTOR	MARY LIN HAMILTON	475 KILVERT STREET-BUILDING A-SUITE 400 WARWICK, RI 02886 USA
DIRECTOR	CANDACE SHARKEY	1184 EAST MAIN RD PORTSMOUTH, RI 02871 US

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

JEAN ANDERSON 1184 EAST MAIN ROAD PORTSMOUTH , RI 02871

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

Signed this 8 Day of December, 2014 at 2:32:51 PM by the authorized person. *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 company, 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 CANDACE SHARKEY
Signature of Authorized Person

Form No. 631
Revised 09/07