



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 2015

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. 000803797		2. Exact name of the Corporation FSA Home Care Inc		
3. Principal office address 366 public street		City Providence	State Ri	Zip 02905
4. Business Phone No. 401-599-1196		5. State of Incorporation Ri		
6. Brief description of the character of business conducted in Rhode Island Intended to run home Care services				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐				
President Name Rasag. ALABEDE		Vice-President Name		
Street Address 366 public street		Street Address		
City Providence	State Ri	Zip 02905	City	State
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		0		0
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐				

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.

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

FILED

DEC 23 2014

By: **239111**

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.

Signature of Authorized Representative

Date

Print or Type Name of Authorized Representative

A.A. 12:23 p.m.