



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. <b>87483</b>		2. Exact name of the Corporation <b>A Caring Experience Nursing Services, Inc.</b>		
3. Principal office address <b>21 DOUGLAS AVE</b>		City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</b>
4. Business Phone No. <b>401-453-4545</b>		5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>TO PROVIDE HOMEHEALTH AND NURSING SERVICES</b>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <b>DEAN M DENUCCIO</b>		Vice-President Name		
Street Address <b>21 DOUGLAS AVE</b>		Street Address		
City <b>PROV.</b>	State <b>RI</b>	Zip <b>02908</b>	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) <input type="checkbox"/>				
Director Name <b>DEAN M DENUCCIO</b>		Director Name		
Street Address <b>SAME AS ABOVE</b>		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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 <b>5000</b>	CLASS/SERIES	PAR VALUE <b>NO PAR VALUE</b>

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 24 2014

BY

092563

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.

**DEAN M DENUCCIO** 12-22-14  
Signature of Authorized Representative Date

**DEAN M. DENUCCIO PRES.**  
Print or Type Name of Authorized Representative