



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. 38135		2. Exact name of the Corporation Assisted Daily Living, Inc.						
3. Principal office address 2809 Post Road		City Warwick		State RI	Zip 02886			
4. Business Phone No. 401-738-5470		5. State of Incorporation Rhode Island						
6. Brief description of the character of business conducted in Rhode Island To engage in the business of delivery of home care services.								
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
President Name Debra G. Corey			Vice-President Name Christopher G. Lawrence					
Street Address 2809 Post Road			Street Address 2809 Post Road					
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886			
Secretary Name Debra G. Corey			Treasurer Name Debra G. Corey					
Street Address 2809 Post Road			Street Address 2809 Post Road					
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886			
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
Director Name Debra G. Corey			Director Name Christopher G. Lawrence					
Street Address 2809 Post Road			Street Address 2809 Post Road					
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886			
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
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	CLASS/SERIES	PAR VALUE
						100	Common	None

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

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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

Debra G. Corey, President

Print or Type Name of Authorized Representative

Date