



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000004792

2. Name of Corporation Con-V-Care, Inc.

3. Street Address Principal Business Office:

No. and Street: 262 POPLAR STREET
City or Town: WOONSOCKET

State: RI Zip: 02895 Country: USA

4. Business Phone No.

401-765-2100

5. State of Incorporation

State: RI

6. Brief Description of the Character of Business Conducted in Rhode Island

SKILLED NURSING & REHABILITATION FACILITY

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	NORMA M PEZZELLI	103 ONLEY AVENUE NORTH PROVIDENCE, RI 02911 USA
SECRETARY	NORMA M PEZZELLI	103 ONLEY AVENUE NORTHG PROVIDENCE, RI 02911 USA
CFO	ROBBIN A BROOKS-MANCINI	182 LAKE GARDEN DRIVE CRANSTON, RI 02920 US
PRESIDENT	NORMA M PEZZELLI	103 OLNEY AVENUE NORTH PROVIDENCE, RI 02911 USA

VICE PRESIDENT

NORMA M PEZZELLI

103 OLNEY AVENUE
NORTH PROVIDENCE, RI 02911 USA**8. Shares Authorized and Issued**

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	600.00	0

9. 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.

Signed this 5 Day of January, 2016 at 8:00:23 AM. *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By NORMA PEZZELLI
Signature of Authorized Representative of the Corporation

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630
Revised 09/07

© 2007 - 2016 State of Rhode Island and Providence Plantations
All Rights Reserved