



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

No Fee

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

Foreign Business Corp
Annual Report - Amended

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000793356

2. Name of Corporation Home Care Services, Inc.

3. Street Address Principal Business Office:

No. and Street: 160 RARITAN CENTER PKWY # 18

City or Town: EDISON

State: NJ Zip: 08837-3637 Country: USA

5. State of Incorporation

State: NJ

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

PROVIDE HOME HEALTH CARE, HOME INFUSION AND OTHER ANCILLARY SERVICES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	SOHAIL MASOOD	17777 CENTER COURT DRIVE #550 CERRITOS, CA 90703 USA
TREASURER	SOHAIL MERCHANT	17777 CENTER COURT DRIVE #550 CERRITOS, CA 90703 USA
SECRETARY	ASLAM MASOOD	17777 CENTER COURT DRIVE #550 CERRITOS, CA 90703 USA
CHIEF CLINICAL OFFICER	MICHAEL RIGAS	17777 CENTER COURT DRIVE #550 CERRITOS, CA 90703 USA
DIRECTOR	BRADLEY LANGER	C/O BBH, 140 BROADWAY NEW YORK, NY 10005 USA
DIRECTOR	JOSEPH DONLAN	C/O BBH, 140 BROADWAY NEW YORK, NY 10005 USA
DIRECTOR	SOHAIL MASOOD	17777 CENTER COURT DRIVE #550 CERRITOS, CA 90703

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	A	\$0.0000	2,500.00	200
CNP	B	\$0.0000	2,500.00	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 11 Day of February, 2016 at 10:14:52 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 SOHAIL MASOOD
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

