



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 **2016**

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>73140</b>		2. Exact name of the Corporation <b>VNA Technicare, Inc.</b>			
3. Principal office address <b>622 George Washington Highway</b>		City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	
4. Business Phone No. <b>401-335-2493</b>		5. State of incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Sale, lease, and otherwise dealing with durable medical equipment and medical supplies</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Nicholas Dominick, Jr.</b>			Vice-President Name		
Street Address <b>593 Eddy Street</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City	State	Zip
Secretary Name <b>Kenneth E. Arnold</b>			Treasurer Name <b>Mary A. Wakefield</b>		
Street Address <b>593 Eddy Street</b>			Street Address <b>593 Eddy Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Lawrence Aubin, Sr.</b>			Director Name <b>Timothy J. Babineau, M.D.</b>		
Street Address <b>1460 Fall River Avenue</b>			Street Address <b>593 Eddy Street</b>		
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
Director Name <b>Nicholas Dominick, Jr.</b>			Director Name <b>Mary A. Wakefield</b>		
Street Address <b>593 Eddy Street</b>			Street Address <b>593 Eddy Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
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
			1,000	Common	\$1.00

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

FEB 17 2016

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  
**Kenneth E. Arnold**

Date

Print or Type Name of Authorized Representative

BY CA 267772