



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. 974695		2. Exact name of the Corporation Nash Corp.		
3. Principal office address 200 Sumner Avenue		City Warwick	State RI	Zip 02888
4. Business Phone No.		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Home health care services exclusively as a franchisee of Right at Home, Inc.				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Naomi Cotrone		Vice-President Name Asher Fink		
Street Address 200 Sumner Avenue		Street Address 128 Clifton Place 200 Sumner Avenue		
City Warwick	State RI	Zip 02888	City Brooklyn Warwick	State NY RI
Secretary Name Naomi Cotrone		Treasurer Name Asher Fink		
Street Address 200 Sumner Avenue		Street Address 128 Clifton Place 299 Sumner Avenue		
City Warwick	State RI	Zip 02888	City Brooklyn Warwick	State NY RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name None		Director Name		
Street Address		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	CLASS/SERIES	PAR VALUE
		100	Common	No Par

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

Form No. 630
Revised: 01/2012

FILED
FEB 22 2016
RV 156 1119

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.

Naomi Cotrone 2/2/16
Signature of Authorized Representative Date

Naomi Cotrone

Print or Type Name of Authorized Representative