



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

Fee: \$20.00

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

Foreign Non-Profit
Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000794324

2. Name of Corporation Fedcap Rehabilitation Services, Inc.

3. State of Incorporation

State: NY

4. Corporate Address in Rhode Island

No. and Street: 6 FLOOR 633 3RD AVENUE

City or Town: NEW YORK, NY

State: RI Zip: 10017 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TOTAL FACILITIES MANAGEMENT CUSTODIAL CULINARY AND SECURITY 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	CHRISTINE MCMAHON	6 FLOOR 633 3RD AVE NEW YORK, NY 10017 USA
CFO	KAREN WEGMANN	6 FLOOR 633 3RD AVE NEW YORK, NY 10017 USA
CHIEF OPERATING OFFICER	JOSEPH GIANNETTO	6 FLOOR 633 3RD AVE NEW YORK, NY 10017 USA
DIRECTOR	MARK O'DONOGHUE	6 FLOOR 633 3RD AVE NEW YORK, NY 10017 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI
02888

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 1 Day of March, 2016 at 12:24:42 PM by the authorized person. *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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By JOSEPH GIANNETTO
Signature of Authorized Person

Form No. 631
Revised 09/07

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