



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. 16750		2. Exact name of the Corporation LIFETIME MEDICAL AND TEMPS, INC.			
3. Principal office address 235 Lonsdale Avenue		City Pawtucket		State R.I.	Zip 02860
4. Business Phone No. 401 728-9898		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Home Health Care Agency					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Marie E. Issa			Vice-President Name Louis Paolino		
Street Address 19 Heritage Drive			Street Address 19 Heritage Drive		
City Lincoln	State R.I.	Zip 02865	City Lincoln	State R.I.	Zip 02865
Secretary Name Louis Paolino			Treasurer Name Louis Paolino		
Street Address 19 Heritage Drive			Street Address 19 Heritage Drive		
City Lincoln	State R.I.	Zip 02865	City Lincoln	State R.I.	Zip 02865
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Marie E. Issa			Director Name Louis Paolino		
Street Address 19 Heritage Drive			Street Address 19 Heritage Drive		
City Lincoln	State R.I.	Zip 02865	City Lincoln	State R.I.	Zip 02865
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			410	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: _____

FILED

FOR SECRETARY OF STATE USE ONLY **MAR 30 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.

Marie E. Issa 3/28/16
Signature of Authorized Representative Date

MARIE E. ISSA
Print or Type Name of Authorized Representative

By AL 271 247