RI SOS Filing Number: 201699384190 Date: 05/25/2016 3:05 PM

**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

## Non-Profit Corporation 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.** 000026857

**2. Name of Corporation** RHODE ISLAND VISITING NURSE NETWORK, INC.

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 1184 EAST MAIN ROAD
City or Town: PORTSMOUTH State: RI Zip: 02871 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**

TO PROVIDE A NETWORK OF COMMUNICATIOON AND SERVICES WITHIN THE HOME CARE INDUSTRY

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

***THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23***

| Title | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|---|---|---|
| PRESIDENT | MARY LOU RHODES | WOODRUFF AVENUE<br>NARRAGANSETT, RI 02882 USA |
| DIRECTOR | CANDACE SHARKEY | 1184 EAST MAIN RD<br>PORTSMOUTH, RI 02871 US |

0-664-0

| | | |
|---|---|---|
| DIRECTOR | SHARON JONES | 115 E. MAIN ROAD<br>LITTLE COMPTON, RI 02837 USA |
| DIRECTOR | DIANA FRANCHHITTO | 6 BLACKSTONE PLACE<br>LINCOLN, RI 02865 US |
| DIRECTOR | JANE CREAMER | 475 KILVERT ST<br>WARWICK, RI 02886 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**

CANDACE SHARKEY 1184 EAST MAIN ROAD PORTSMOUTH , RI 02871

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

**Signed this 25 Day of May, 2016 at 3:07:38 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 CANDACE SHARKEY
Signature of Authorized Person

Form No. 631
Revised 09/07