



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. 000764534

2. Name of Corporation Home Care and Hospice Foundation of Rhode Island

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: P.O. BOX 6603

City or Town: PROVIDENCE

State: RI

Zip: 02940

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

PROVIDE EDUCATION FOR COMMUNITY BASED HEALTHCARE PROVIDERS AND TO THE GENERAL PUBLIC AND HOME CARE AND HOSPICE AND RELATED ACTIVITIES

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	LAURIE ELLISON	260 WEST EXCHANGE STREET, SUITE 005 PROVIDENCE, RI 02903 USA
TREASURER	MARY LOU RHODES	260 WEST EXCHANGE STREET, SUITE 005 PROVIDENCE, RI 02903 USA

SECRETARY	JENNIFER MELLO	260 WEST EXCHANGE STREET, SUITE 005 PROVIDENCE, RI 02903 USA
DIRECTOR	GREGORY STEINER	260 WEST EXCHANGE STREET, SUITE 005 PROVIDENCE, RI 02903 USA
EXECUTIVE DIRECTOR	NICHOLAS OLIVER	260 WEST EXCHANGE STREET, SUITE 005 PROVIDENCE, RI 02903 USA
VICE PRESIDENT	DANA CRUZ	260 WEST EXCHANGE STREET, SUITE 005 PROVIDENCE, RI 02903 USA
DIRECTOR	KATHLEEN DEVLIN	260 WEST EXCHANGE STREET, SUITE 005 PROVIDENCE, RI 02903 USA
DIRECTOR	CHERYL LEVESQUE	260 WEST EXCHANGE STREET, SUITE 005 PROVIDENCE, RI 02903 USA
DIRECTOR	MARY BENWAY	260 WEST EXCHANGE STREET, SUITE 005 PROVIDENCE, RI 02903 USA
DIRECTOR	VINCENT WARD	260 WEST EXCHANGE STREET, SUITE 005 PROVIDENCE, RI 02903 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**

NICHOLAS OLIVER 260 WEST EXCHANGE STREET, SUITE 005 PROVIDENCE , RI 02903

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

Signed this 29 Day of June, 2016 at 1:34:08 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 NICHOLAS A. OLIVER
Signature of Authorized Person

Form No. 631
Revised 09/07

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