RI SOS Filing Number: 201601877480 Date: 07/11/2016 2:28 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. 000026503

2. Name of Corporation HOMEFRONT HEALTH CARE

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 725 BRANCH AVENUE SUITE 214
City or Town: PROVIDENCE State: RI Zip: 02904 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

HOME HEALTH CARE

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	JOSEPH J. CICIONE III	30 NORTHUP PLAT ROAD COVENTRY, RI 02816 USA
TREASURER	JOSEPH CICIONE	30 NORTHUP PLAT RD COVENTRY, RI 02816 USA
SECRETARY	PATRICIA CUSSON	28 HOXIE CT

0-7720-0

		COVENTRY, RI 02816 USA
CHAIR	JOHN SIMONE	70 SACHEM RD RIVERSIDE, RI 02915 USA
DIRECTOR	EUGENE LECO	60 KIMBERLY DR NORTH ATTLEBORO, MA 02760 USA
DIRECTOR	MARILYN BROUSSARD	44 EAGLE B RUN EAST GREENWICH, RI 02818 USA
DIRECTOR	JAMES W WOOD	140 DOUGLAS PIKE NORTH SMITHFIELD, RI 02896 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

JOSEPH J. CICIONE III 725 BRANCH AVENUE, SUITE 214 PROVIDENCE , RI 02904

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

Signed this 11 Day of July, 2016 at 2:30:26 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 J. CICIONE III
Signature of Authorized Person

Form No. 631
Revised 09/07