



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

Fee: \$50.00

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

Foreign Business Corporation  
Annual Report

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000528392

2. Name of Corporation Caregiver Homes of Rhode Island Inc.

3. Street Address Principal Business Office:

No. and Street: 500 BOYLSTON STREET SUITE 640

City or Town: BOSTON

State: MA Zip: 02116 Country: USA

4. Business Phone No.

6175809420

5. State of Incorporation

State: DE

6. Brief Description of the Character of Business Conducted in Rhode Island

PROVIDES CASE MANAGEMENT SERVICES FOR ELDERS AND THE DISABLED.

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	THOMAS P. RILEY	500 BOYLSTON ST. #640 BOSTON, MA 02116 USA
PRESIDENT	THOMAS P RILEY	500 BOYLSTON ST SUITE 640 BOSTON, MA 02116 UNI
SECRETARY	THOMAS P. RILEY	500 BOYLSTON ST. #640 BOSTON, MA 02116 USA
CEO	THOMAS P. RILEY	500 BOYLSTON ST SUITE 640 BOSTON, MA 02116 USA
DIRECTOR	ELLIOT KATZMAN	500 BOYLSTON ST. #640

DIRECTOR	THOMAS P. RILEY	BOSTON, MA 02116 USA 500 BOYLSTON ST. #640 BOSTON, MA 02116 USA
DIRECTOR	STEPHEN BRUEKNER	500 BOYLSTON ST SUITE 640 BOSTON, MA 02116 USA
DIRECTOR	E. BYRON HENSLEY	500 BOYLSTON ST. #640 BOSTON, MA 02116 USA

### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.0100	100.00	100

**9. 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.**

**Signed this 28 Day of July, 2016 at 11:42:29 AM.** *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By VINCENT APRUZZESE  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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