



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <u>7876</u>		2. Exact name of the Corporation <u>The Friendly Home, Inc.</u>			
3. Principal Office Address <u>303 Rhodes Ave.</u>		City <u>Woon.</u>		State <u>R.I</u>	Zip <u>02895</u>
4. NAICS Code <u>62</u>		6. Brief description of the character of business conducted in Rhode Island <u>In-patient nursing care.</u>			
5. State of Incorporation <u>R.I.</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>Angelo S. Rotella</u>			Vice-President Name <u>Katharine R. Epp</u>		
Street Address <u>4 Pond View Court</u>			Street Address <u>303 Rhodes Ave.</u>		
City <u>Smithfield</u>	State <u>R.I.</u>	Zip <u>02917</u>	City <u>Woon</u>	State <u>RI</u>	Zip <u>02895</u>
Secretary Name <u>Shaun R. Cournoyer</u>			Treasurer Name <u>Angelo S. Rotella</u>		
Street Address <u>303 Rhode S Ave.</u>			Street Address <u>4 Pond View Ct.</u>		
City <u>Woon</u>	State <u>RI</u>	Zip <u>02895</u>	City <u>Smithfield</u>	State <u>R.I.</u>	Zip <u>02917</u>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <u>Angelo S. Rotella</u>			Director Name <u>Katharine R. Epp</u>		
Street Address <u>4 Pond View Ct.</u>			Street Address <u>303 Rhodes Ave.</u>		
City <u>Smithfield</u>	State <u>RI</u>	Zip <u>02917</u>	City <u>Woon.</u>	State <u>R.I.</u>	Zip <u>02895</u>
Director Name <u>Shaun Cournoyer</u>			Director Name		
Street Address <u>303 Rhodes Ave.</u>			Street Address		
City <u>Woon.</u>	State <u>R.I.</u>	Zip <u>02895</u>	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<u>100</u>		<u>Common</u>	<u>No Par</u>
11. 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. 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.					
Name of Authorized Representative <u>Katharine R. Epp</u>					Date <u>1-11-17</u>
Signature of Authorized Representative <u>Katharine R. Epp</u>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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BY 27506DS