



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**
Corporation

Filing Fee \$50

→ 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 000112475		2. Exact name of the Corporation Sundance Services Corporation			
3. Principal Office Address 101 E State St		City Kennett Square		State PA	Zip 19348
4. NAICS Code 62 - Health Care and Social	6. Brief description of the character of business conducted in Rhode Island Healthcare Services				
5. State of Incorporation TN					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name George V. Hager		Vice-President Name Thomas DiVittorio			
Street Address 101 E State St		Street Address 101 E State St			
City Kennett Square	State PA	Zip 19348	City Kennett Square	State PA	Zip 19348
Secretary Name Michael S. Sherman		Treasurer Name Richard J. Edwards			
Street Address 101 E State St		Street Address 101 E State St			
City Kennett Square	State PA	Zip 19348	City Kennett Square	State PA	Zip 19348
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES CLASS/SERIES PAR VALUE			
		10000 CNP 0			
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 Michael S Sherman					Date 01/12/17
Signature of Authorized Representative M Sherman					

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

FILED

JAN 23 2017

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