



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

**Annual Report for the year: 2016**  
**Corporation**

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

*Filing Fee \$ 50 + Reinstatement \$ 50  
 = \$100*

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

2017 JAN 23 PM 3:18  
 R.I. DEPARTMENT OF STATE  
 FILED

**FILED**

*3:19* **JAN 23 2017**  
 BY *00293880*

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