



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 56288		2. Exact name of the Corporation CARA, INCORPORATED			
3. Principal office address 333 Strawberry Field Road, Suite 2			City Warwick	State RI	Zip 02886
4. Business Phone No. 401 732-6535			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Sale and distribution of health care products					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Gary A. O'Leary			Vice-President Name Kathleen M. O'Leary		
Street Address 333 Strawberry Field Road, Suite 2			Street Address 333 Strawberry Field Road, Suite 2		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Kathleen M. O'Leary			Treasurer Name Michael Damiani		
Street Address 333 Strawberry Field Road, Suite 2			Street Address 333 Strawberry Field Road, Suite 2		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Gary A. O'Leary			Director Name Kathleen M. O'Leary		
Street Address 333 Strawberry Field Road, Suite 2			Street Address 333 Strawberry Field Road, Suite 2		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			2668	Common	No Par

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

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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.

Gary A. O'Leary
Signature of Authorized Representative

1/20/17
Date

Gary A. O'Leary

Print or Type Name of Authorized Representative