



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.

**FILED**

JAN 23 2017

4816

1. Entity ID Number <b>799525</b>		2. Exact name of the Corporation <b>OCEAN STATE NURSING SUPPORT SERVICES, INC.</b>												
3. Principal Office Address <b>3929 Mendon Road</b>		City <b>Cumberland</b>		State <b>RI</b>	Zip <b>02864</b>									
4. NAICS Code <b>62 - Health Care and Social As</b>		6. Brief description of the character of business conducted in Rhode Island <b>Provides nursing services and support.</b>												
5. State of Incorporation <b>Rhode Island</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>Debra A. Driscoll</b>		Vice-President Name <b>Jamie P. Driscoll</b>												
Street Address <b>3929 Mendon Road</b>		Street Address <b>3929 Mendon Road</b>												
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>									
Secretary Name <b>Christy J. Hasenfus</b>		Treasurer Name <b>Christy J. Hasenfus</b>												
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8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name <b>Debra A. Driscoll</b>		Director Name <b>Jamie P. Driscoll</b>												
Street Address <b>3929 Mendon Road</b>		Street Address <b>3929 Mendon Road</b>												
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Director Name <b>Debra A. Driscoll</b>		Director Name <b>Jamie P. Driscoll</b>												
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9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
		<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td><b>100</b></td><td><b>Common</b></td><td><b>No Par Value</b></td></tr><tr><td></td><td></td><td></td></tr></tbody></table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>100</b>	<b>Common</b>	<b>No Par Value</b>			
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<b>100</b>	<b>Common</b>	<b>No Par Value</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>Debra A. Driscoll</b>				Date <b>12/31/2016</b>										
Signature of Authorized Representative 														

MAIL TO:  
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