



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 102187		2. Exact name of the Corporation HearCare Rhode Island, Inc.			
3. Principal Office Address 390 Toll Gate Rd., Ste. 102			City Warwick	State RI	Zip 02886
4. NAICS Code 62 - Health Care and Social Ass		6. Brief description of the character of business conducted in Rhode Island To provide hearing services to hearing impaired consumers			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Laurie F. Duffy			Vice-President Name Paul Duffy		
Street Address 390 Toll Gate Rd. Ste. 102			Street Address 200 Toll Gate Rd. Ste. 102		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Laurie F. Duffy			Treasurer Name Laurie F. Duffy		
Street Address 390 Toll Gate Rd. Ste. 102			Street Address 200 Toll Gate Rd. Ste. 102		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES 100	CLASS/SERIES common	PAR VALUE no par value
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 Laurie F. Duffy				Date 1/23/17	
Signature of Authorized Representative <i>Laurie F. Duffy</i>					

SIGN DOCUMENT **FILED**

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

JAN 25 2017

By 1663

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