



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 16750		2. Exact name of the Corporation LIFETIME MEDICAL AND TEMPS, INC.												
3. Principal Office Address 235 Lonsdale Avenue			City Pawtucket	State R.I.	Zip 02860									
4. NAICS Code 62 - Health Care and Social Ass		6. Brief description of the character of business conducted in Rhode Island Home Health Care Agency												
5. State of Incorporation Rhode Island		<div style="text-align: right; font-size: small;"> 2017 FEB 14 PM 12:30 RECEIVED STATE </div>												
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Marie E. Issa		Vice-President Name Louis Paolino												
Street Address 19 Heritage Drive		Street Address 19 Heritage Drive												
City Lincoln	State R.I.	Zip 02865	City Lincoln	State R.I.	Zip 02865									
Secretary Name Louis Paolino		Treasurer Name Louis Paolino												
Street Address 19 Heritage Drive		Street Address 19 Heritage Drive												
City Lincoln	State R.I.	Zip 02865	City Lincoln	State R.I.	Zip 02865									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Marie E. Issa		Director Name Louis Paolino												
Street Address 19 Heritage Drive		Street Address 19 Heritage Drive												
City Lincoln	State R.I.	Zip 02865	City Lincoln	State R.I.	Zip 02865									
Director Name		Director Name												
Street Address		Street Address												
City	State	Zip	City	State	Zip									
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
This information is currently of record in the Department of State. Changes require an additional filing.			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NUMBER OF SHARES</th> <th style="width: 33%;">CLASS/SERIES</th> <th style="width: 33%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">410</td> <td style="text-align: center;">Common</td> <td style="text-align: center;">No Par</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	410	Common	No Par			
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410	Common	No Par												
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 MARIE E. ISSA				Date 2/11/17										
Signature of Authorized Representative <i>Marie E. Issa</i>														

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

FEB 14 2017
 By 11037 A.A.