



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 <b>82714</b>		2. Exact name of the Corporation <b>Home Care Advantage, Inc.</b>			
3. Principal Office Address <b>165 Burnside Street</b>		City <b>Cranston</b>		State <b>RI</b>	Zip <b>02910</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>To provide skilled nursing therapies and home health care and services.</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>Elaine M. Riley</b>			Vice-President Name <b>None</b>		
Street Address <b>165 Burnside Street</b>			Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	City	State	Zip
Secretary Name <b>Elaine M. Riley</b>			Treasurer Name <b>Elaine M. Riley</b>		
Street Address <b>165 Burnside Street</b>			Street Address <b>165 Burnside Street</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</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 <b>N/A</b>			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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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		CLASS/SERIES
			100		Common
			PAR VALUE		\$1.00 per share
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>Elaine M. Riley</b>					Date <b>2/7/17</b>
Signature of Authorized Representative 					<b>FILED</b> <b>FEB 15 2017</b>

MAIL TO:  
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