



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2017

1. Corporate ID No. 000066836

2. Name of Corporation CONSISTENT CARE CORPORATION

3. Street Address Principal Business Office:

No. and Street: 49 NORTH MAIN ROAD
City or Town: JAMESTOWN

State: RI Zip: 02835 Country: USA

4. Business Phone No.

4014231060

5. State of Incorporation

State: RI

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6

62

6. Brief Description of the Character of Business Conducted in Rhode Island

OPERATION OF A HOME HEALTH CARE AGENCY, PROVIDING ALL ASPECTS OF HOME HEALTH CARE TREATMENT FOR PATIENTS.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
TREASURER	MOLLY SYLVIA	37 CLARKES VILLAGE

		JAMESTOWN, RI 02835 USA
PRESIDENT	GAIL M SHEAHAN	37 CLARKES VILLAGE JAMESTOWN, RI 02835 USA
VICE PRESIDENT	RICHARD TUCKER SYLVIA MR.	37 CLARKES VILLAGE JAMESTOWN, RI 02835 USA
SECETRARY	LISA C VEITRI	171 CONANICUS AVE JAMESTOWN, RI 02835 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	1,000.00	1000

9. 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.

Signed this 17 Day of February, 2017 at 10:58:42 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By KENNETH S BREWER
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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