



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 143449		2. Exact name of the Corporation HOME HEALTH SOLUTIONS, INC			
3. Principal Office Address 383 Ocean Road			City Narragansett	State RI	Zip 02882
4. NAICS Code 81		6. Brief description of the character of business conducted in Rhode Island To provide private home health and housekeeping services			
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 Cathy L. Andreozzi			Vice-President Name		
Street Address 383 Ocean Road			Street Address		
City Narragansett	State RI	Zip 02882	City	State	Zip
Secretary Name Cathy L. Andreozzi			Treasurer Name Cathy L. Andreozzi		
Street Address 383 Ocean Road			Street Address 383 Ocean Road		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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			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.			NUMBER OF SHNUMB CLASS/SERIES PAR VALUE		
			100	Common	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 Cathy L. Andreozzi				Date 2-12-17	
Signature of Authorized Representative <i>Cathy L. Andreozzi</i>					

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

FILED
FEB 21 2017

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FORM 630 - Revised: 10/2016