

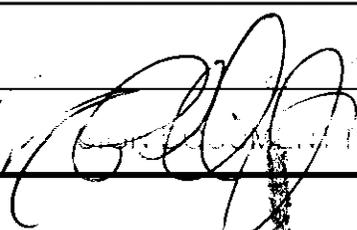


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 86034		2. Exact name of the Corporation CAPITOL HOME CARE NETWORK, INC.			
3. Principal Office Address 400 Reservoir Avenue, Ste 1K			City Providence	State RI	Zip 02907
4. NAICS Code 62 - Health Care and Social Ass		6. Brief description of the character of business conducted in Rhode Island Providing home health care services, including but not limited to nursing services, home making services, social services, psychological services and case management.			
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 Robert Haigh			Vice-President Name Mary Benway		
Street Address 28 Buena Vista Avenue			Street Address P.O. Box 507		
City Warwick	State RI	Zip 02889	City North Kingstown	State RI	Zip 02852
Secretary Name Mary Benway			Treasurer Name Nicholas Passarelli		
Street Address P.O. Box 507			Street Address 28 Split Creek Court		
City North Kingstown	State RI	Zip 02852	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert Haigh			Director Name Mary Benway		
Street Address 28 Buena Vista Avenue			Street Address P.O. Box 507		
City Warwick	State RI	Zip 02889	City North Kingstown	State RI	Zip 02852
Director Name Nicholas Passarelli			Director Name		
Street Address 28 Split Creek Court			Street Address		
City Cranston	State RI	Zip 02921	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 SHARES		CLASS/SERIES	PAR VALUE
		300		Common	No
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. <i>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.</i>					
Name of Authorized Representative Nicholas Passarelli, Treasurer					Date 3-7-17
Signature of Authorized Representative 					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

APR 03 2017
 By 15541
