



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 112972		2. Exact name of the Corporation HEALTH CARE CONNECTIONS NURSING SERVICES, INC.			
3. Principal Office Address 425 WILLETT AVENUE			City EAST PROVIDENCE	State RI	Zip 02914
4. NAICS Code 62 - Health Care and Social Ass	6. Brief description of the character of business conducted in Rhode Island TO PROVIDE NONSKILLED NURSING, CNA'S AND HOMEMAKERS IN THEIR HOME ENVIROMENT				
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 DOREEN BRAZ			Vice-President Name SAME		
Street Address 425 WILLETT AVENUE			Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DOREEN BRAZ			Director Name		
Street Address 425 WILLETT AVENUE			Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	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 SHARES		
			CLASS/SERIES		
			1000	COMMON	NPV
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 DOREEN BRAZ				Date 02/28/2017	
Signature of Authorized Representative <i>DOREEN BRAZ</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
 APR 03 2017
 BY 5798

FORM 630 - Revised: 02/2017