RI SOS Filing Number: 201742346180 Date: 5/1/2017 4:00:00 PM

State of Rhode Island Department of S			Division				
Annual Report for the y Corporation	year: <u>2017</u>		_				
 → Filing period: January 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 		ot filed by April 1.					
1. Entity ID Number	2. Exact nam	ne of the Corporation)		_		
73140	VNA Techn	care, Inc.					
3. Principal Office Address			City		State	Zip	
622 George Washington Highway			Lincoln	.incoln		02865	
4. NAICS Code							
62 - Health Care and Social 4 5. State of Incorporation	Sale, lease,	and otherwise dea	lling with dura	ble medical equipm	ent and me	dical supplies.	
Rhode Island							
7. List ALL officers (names and a	addresses)			Check	the box to i	ndicate an attachment	
President Name Nicholas Dominick, Jr.			Vice-President Name None				
Street Address 593 Eddy Street			Street Address				
^{City} Providence	State RI	^{Zip} 02903	City		State	Zip	
Secretary Name Paul J. Adler			Treasurer Name Mary A. Wakefield				
Street Address 593 Eddy Street			Street Addres	^S 593 Eddy Street			
City Providence	State RI	^{Zip} 02903	City Providence		State RI	^{Zip} 02903	
8. List ALL directors (names and	addresses)			Check	the box to i	ndicate an attachment 🔲	
Director Name Lawrence A. Aub	Director Name Timothy J. Babineau, M.D.						
Street Address 1460 Fall River A	Street Address 593 Eddy Street						
City Seekonk	State MA	^{Zip} 02771	City Providence		State RI	^{Zip} 02903	
Director Name Nicholas Dominick, Jr.			Director Name Mary A. Wakefield				
Street Address 593 Eddy Street	Street Address 593 Eddy Street						
City Providence	State RI	^{Zip} 02903	City Provide	nce	State RI	^{Zip} 02903	
9. Shares Authorized		10. Shares Issu				ndicate an attachment 🗀	
This information is currently of red Department of State.	cord in the	d in the NUMBER O		HARES CLASS/SERIES Common		\$1.00	
Changes require an additional filing.		,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,	
11. This report must be executed trustee, this report must be executed					oration is in t	the hands of a receiver or	
Under penalty of perjury, I dec statements, and that all statem	lare and affirm (nents contained	hat I have examine	d this report, i		npanying s	chedules and	
Name of Authorized Representati		Date / / /					
Paul J. Adler And // (1)					4/	20/17	
Signature of Authorized Represe	ntative		FILE	D 1			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri,gov

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