



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

Fee: \$20.00

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

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2017

1. Corporate ID No. 000029040

2. Name of Corporation Visiting Nurse Services of Newport and Bristol Counties

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

4. Corporate Address in Rhode Island

No. and Street: 1184 E. MAIN ROAD
City or Town: PORTSMOUTH State: RI Zip: 02871 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:
City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

HOME HEALTH AGENCY, HOSPICE, COMMUNITY CLINICS, DIABETIC OUTPPT CLINIC, ALZHEIMER SUPPORT

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	STACEY CARTER	111 ISLAND DRIVE MIDDLETOWN, RI 02842 USA
TREASURER	GARY DOSTER	26 EMMA JAMES WAY TIVERTON, RI 02878 USA
SECRETARY	ALLEN DRE MCGOVERN	31 GREEN COURT TIVERTON, RI 02878 USA
CEO	CANDACE HALE SHARKEY	24 DENISON DRIVE NARRAGANSETT, RI 02882 US
VICE PRESIDENT	REBECCA MCSWEENEY	33 FAREWELL STREET NEWPORT, RI 02840 USA
DIRECTOR	BARBARA WEATHERFORD	31 NARRAGANSETT BLVD PORTSMOUTH, RI 02871 USA
DIRECTOR	LINDA BOMBACH	266 FERRY LANDING CIRCLE PORTSMOUTH, RI 02871 USA
DIRECTOR	JANE MC DURMAN	80 VICTOR STREET SOMERSET, MA 02726 USA
DIRECTOR	HAROLD SANDERS MD	134 STORM KING DRIVE PORTSMOUTH, RI 02871 USA
DIRECTOR	CHRISTINE WINSLOW	11 LOYOLA TERRACE NEWPORT, RI 02840 USA
DIRECTOR	LESLIE REED	1 JEFFREY ROAD NEWPORT, RI 02840 USA
DIRECTOR	JANE BARRY	400 BELLEVUE AVE NEWPORT, RI 02840 USA
DIRECTOR	MARK HOUGH	71 TAYLORS LANE LITTLE COMPTON, RI 02837 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CANDACE H. SHARKEY 1184 EAST MAIN ROAD PORTSMOUTH , RI 02871

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 5 Day of June, 2017 at 4:47:47 PM by the authorized person. 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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By CANDACE SHARKEY
Signature of Authorized Person

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