State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation
62296	**H & T Medicals, Inc**
3. State of Incorporation: **RI**	5. Brief description of the character of business conducted in Rhode Island: **Home Nursing care Agency**
4. NAICS Code: **624120 - Services for Elderl**	

6. Principal Office Address	City	State	Zip
1738 Broad Street	**Cranston**	**RI**	**02905**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **George Annan**			Vice-President Name		
Street Address **80 Tenth Street**			Street Address		
City **Providence**	State **RI**	Zip **02906**	City	State	Zip
Secretary Name **Delores Annan**			Treasurer Name		
Street Address **80 Tenth Street**			Street Address		
City **Providence**	State **RI**	Zip **02906**	City	State	Zip

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name **Dr Elizeu Lima**			Director Name **Margaret Vacarro**		
Street Address **948 Veterans Memorial Pky**			Street Address **37 Old Oak Drive**		
City **East Providence**	State **RI**	Zip **02915**	City **Cranston**	State **RI**	Zip **02920**
Director Name **Cristiano R. Pina**			Director Name		
Street Address **538 West Avenue**			Street Address		
City **Pawtucket**	State **RI**	Zip **02960**	City	State	Zip

9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

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.

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

Name of Officer/Authorized Representative	Date
George Annan	**06/03/2017**

Signature of Officer/Authorized Representative: G Annan SIGN DOCUMENT HERE

FILED
JUN 07 2017
BY

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

FORM 631 - Revised: 05/2017