



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

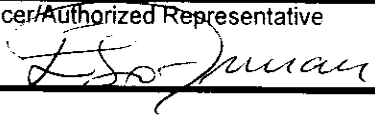
Annual Report for the year: **2017**

Non-Profit Corporation

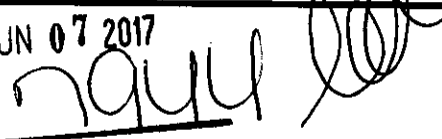
→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 62296		2. Exact name of the Corporation 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 Elderly					
6. Principal Office Address 1738 Broad Street		City Cranston		State RI	Zip 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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative George Annan				Date 06/03/2017	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE 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

BY 

FORM 631 - Revised: 05/2017