



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.** 000028859

**2. Name of Corporation** VNA of Rhode Island

**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

6

621610

**4. Corporate Address in Rhode Island**

No. and Street: 475 KILVERT STREET, SUITE 400

City or Town: WARWICK

State: RI Zip: 02886 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**

TO PROVIDE HOME HEALTH SERVICES, PUBLIC HEALTH NURSING SERVICES AND OTHER RELATED HEALTH SERVICES TO PREVENT ILLNESS, PROMOTE HEALTH AND TO CARE FOR THE SICK IN THE HOME.

**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**Incorporator is no longer applicable; please delete**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**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
GEO	JANE CREAMER	475 KILVERT STREET WARWICK, RI 02886 USA
DIRECTOR	PETER SULLIVAN	475 KILVERT STREET WARWICK, RI 02886 US
DIRECTOR	SUSAN STONE	475 KILVERT STREET WARWICK, RI 02886 US
DIRECTOR	ARNOLD M FRIEDMAN	475 KILVERT STREET WARWICK, RI 02886 USA
DIRECTOR	ARTHUR SCHACHT	475 KILVERT STREET WARWICK, RI 02886 US
DIRECTOR	DENMAN SCOTT MD	475 KILVERT STREET PROVIDENCE, RI 02886 US
DIRECTOR	STEPHEN CUMMINGS	475 KILVERT STREET WARWICK, RI 02886 USA
DIRECTOR	MICHAEL TIKOIAN CPA	475 KILVERT STREET WARWICK, RI 02886 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**

E. COLBY CAMERON, ESQ. 301 PROMENADE STREET PROVIDENCE , RI 02908

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

**Signed this 13 Day of June, 2017 at 4:02:40 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 JANE CREAMER  
Signature of Authorized Person

Form No. 631  
Revised 09/07