RI SOS Filing Number: 201748019420 Date: 7/27/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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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
29024	**Lifespan Diversified Services, Inc.**
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island
Rhode Island	**Home health care services**
4. NAICS Code	
622110 - General Medical an	

6. Principal Office Address	City	State	Zip
167 Point Street	**Providence**	**RI**	**02903**

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

President Name **Timothy J. Babineau, M.D.**			Vice-President Name		
Street Address **Lifespan Corporation, 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 **Lifespan Corporation, 593 Eddy Street**			Street Address **Lifespan Corporation, 593 Eddy Street**		
City **Providence**	State **RI**	Zip **02903**	City **Providence**	State **RI**	Zip **02903**

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

Director Name **Lawrence A. Aubin, Sr. (Chairman)**			Director Name **Timothy J. Babineau, M.D.**		
Street Address **Aubin Corporation, 1460 Fall River Avenue**			Street Address **Lifespan Corporation, 593 Eddy Street**		
City **Seekonk**	State **MA**	Zip **02771**	City **Providence**	State **RI**	Zip **02903**
Director Name **Alan Litwin**			Director Name **Mary A. Wakefield**		
Street Address **Kahn, Litwin, Renza & Co. Ltd 951 North Main Street**			Street Address **Lifespan Corporation, 593 Eddy Street**		
City **Providence**	State **RI**	Zip **02904**	City **Providence**	State **RI**	Zip **02903**

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
Paul J. Adler	7/14/17

Signature of Officer/Authorized Representative

FILED

JUL 27 2017

BY CM 309120

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: 06/2017