



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 29024		2. Exact name of the Corporation Lifespan Diversified Services, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Home health care services			
4. NAICS Code 622110 - General Medical and Health Equipment Stores					
6. Principal Office Address 167 Point Street		City Providence	State RI	Zip 02903	
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
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 <input checked="" type="checkbox"/>
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.					
<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 Paul J. Adler				Date 7/14/17	
Signature of Officer/Authorized Representative <i>Paul J. Adler</i>					

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

FILED
 JUL 27 2017

BY *CM 309120*