

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

26503

FOR SECRETARY OF STATE USE ONLY

Check No.

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _

2005

(FORM MUST BE TYPED OR PR	INTED IN BLACK)				
1. Corporate ID No. 26503	2. Name of Corporation HOMEFRONT HEALTH C	ARE			·
3. State of Incorporation	4. Corporate address in R	bode Island - Street Address		СИУ	Zip
RHODE ISLAND	725 Branch	Avenue Ste	214	Providence	02904
5. Foreign corporation. Enter pri	ncipal office address		City	State	Zip
6. Brief Description of the character HOME HEALTH CARE	of the affairs which are act	ually conducted in Rhode Isl	and		
President Name		: ("X" BOX FOR ATTACE	HMENT) ☐ FILL IN SPACES B		HMENTS
Rohert J. (Caffrey		Marilyn Brouss	sard	
Street Address 17 Willcro	Et Street		Street Address 44 Eagle B Rur		
Cumbertand	,, KT	7/h U2004	East Greenwich	State RI	Zip
Secretary Name		· · · · · · · · · · · · · · · · · · ·	Treasurer Name	- 	<u> </u>
Thomas M. (Dakes		Eugene Leco		
Street Address 230 Laurel	Avenue		Street Address 60 Kimberly D	rive	
City	State	Zip	City	State	Zip
Providence	RI	02906	North Attleboro	MA	02760
THE NUMBER OF DIRECTOR Director Name Christine Ave Street Address 200 Heroux Bo	ella	C (RHODE ISLAND) (CHMENT) FILL IN SPACES BECORPORATION SHALL NOT BE Director Name Patricia J. C. Street Address	usson	HMENTS E (3). R.I.G.L. 7-6-23
City	State	Zip .	28 Hoxie Cour	T	
Cumberland	RI	02864	Coventry	State RI	02816
Director Name			Director Name		02010
<u>Faith Davis</u>			Beverly Levit	t-Narciso	
9 Arlington A	venue		Street Address	ъ.	
City	· · · · · · · · · · · · · · · · · · ·	Zip	166 Terre Mar		
Providence	RI	02906	North Kingstown	State RI	^{Zip} 02852
9. REGISTERED AGENT IN Agent Name ROBERT J. CAFFREY	RHODE ISLAND - DO	NOT ALTER - Chang	es require filing of Form 64 Address	1 - R.I.G.L. 7-6-13 / 7	-6-78
Address			City	Zip	—— —
725 BRANCH AVENUE, SUITE 2	214	•	PROVIDENCE	02904-	
This report must be s	igned in ink by either	r the President, Vice Pr	esident, Secretary, Assistant Se		

Under penalty of perjury, I declare and affirm that I have examined this

report, including any accompanying schedules and statements, and that all

statements combined herein are true and correct

Robert J. Caffrey

President & CEO

Print or Type Name of Officer

Signature of Officer

Title of Officer



HOMEFRONT HEALTH CARE BOARD OF DIRECTORS (con't)

Brock Manville 1080 High Hawk Road East Greenwich, RI 02818

Mary Murphy, RN 6 Ridgewood Road Barrington RI 02806

Adelita Orefice 28 Fosdyke Street Providence, RI 02906

Susan A. Story 26 Broadway Drive Barrington, RI 02806



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401-222,3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ______ Filing Period: June 1 - June 30 • Filing Fee: \$20.00

2004

(FORM MUST BE TYPED OR PRI	NTED IN BLACK)					
L. Corporate ID No.	2. Name of Corporation					
26503	HOMEFRONT HEALTH					
3. State of Incorporation) ·	bode Island - Street Addres:		City		Zip
RHODE ISLAND	725 Branc	h Avenue S	uite 214	Provid	ence	02904
5. Foreign corporation. Enter princ	cipal office address		City	State		Zip
5. Brief Description of the character of HOME HEALTH CARE 7. NAMES AND ADDRESSES			I dand HMENT) X FILL IN SPACES B	EFORE USIN	IG ATTACHN	4ENTS
Chair			President Name			
Marilyn Brous	ssard		Robert J. C	affrov		
Street Address	, <u>, , , , , , , , , , , , , , , , , , </u>		Street Address	arrey		
44 Eagle B Ru	ın		17 Willcrof	t Stree	t	
E.Greenwich	State RI	^{Zip} 02818	Cumberland	State RI		^{Zip} 028.64
Secretary Name	<u>,</u>		Treasurer Name	<u> </u>		**************************************
Thomas Oakes			Eugene Leco			
Street Address		· · · · · · · · · · · · · · · · · · ·	Street Address			
230 Laural Av	enue		60 Kimberly	Drive		
Providence	State RI	^{Zip} 02906	N. Attleboro	State MA		^{Zip} 02 7 60
B. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR ATTA	CHMENT) TILL IN SPACES B	EFORE USII	NG ATTACH	MENTS
THE NUMBER OF DIRECTO Director Name	ORS OF A DOMESTIC	C (RHODE ISLAND)	CORPORATION SHALL NOT I	BE LESS THA	<u>AN THREE</u> ((3). R.I.G.L. 7-6-23
Christine	Avella		Patricia J.	Cusson		
Street Address			Street Address	0400011		
200 Heroux	Boulevard	Unit 1602	28 Hoxie Co	urt		
iny	State	Zip	City	State	·	Zip
Cumberland	RI	02864	Coventry	RI		02816
Director Name Faith Davi	<u> </u>	<u> </u>	Director Name Reverly Levi	itt-Nar	ciso	
iree Address 9 Arlingto	n Avenue		Street Address 166 Terre Ma			
Aty	State	Zip	Сіту	State	-	Zip
Providence	RI	02906	N. Kingstown ges require filing of Form 6	RI	7612/7	02852
Agent Name ROBERT J. CAFFREY	RHODE ISLAND - DC	NOI ALIER - Chan	Address	41 - K.I.G.L.	/-0-13 / /-0	o- / 8
Address			City		Zip	
725 BRANCH AVENUE, SUITI	± 214		PROVIDENCE		02904	-

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	*	2	6 5	0	3 *
File Date	1	اصدا	<u> </u> 05		
Check No.		304	9		
Ву:		DA	<u> </u>		
F	OR SECRI	ETARY OF	STATE USE	ONLY	

Under penalty of perjud	ry, I declare and a	ffirm that I h	ave examined this
report, including any ac	companying sched	ules and state	ments, and that al
statements contained he	rein are true and	sriject.	,
Bolier	X (AHK	RET	1/18/05
Signature of Officer			Dote

Robert J. Caffrey

Print or Type Name of Officer

President & CEO

Title of Officer

HOMEFRONT HEALTH CARE BOARD MEMBERS

Brock Manville

1080 High Hawk Road East Greenwich, RI 02818

Mary Murphy, RN

6 Ridgewood Road Barrington RI 02806

Adelita Orefice

28 Fosdyke Street Providence, RI 02906

Robert Weygand

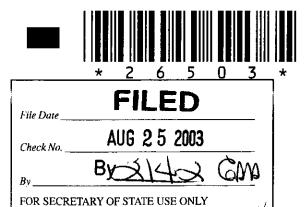
95 Glenn Hill Drive Saunderstown, RI 02874



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

NON-PROFIT (Filing Period: June 1 - FORM MUST BE TYPED OR	June 30 • Filing	Fee: \$20.00	REPORT FOR T	HE YEAR	2003
1. Corporate ID No.	2. Name of Corpora	tion			
26503 3. State of Incorporation	•	s in Rhode Island - Street A	ddress	City Providence	Zip 02904
RHODE ISLAND 5. Foreign corporation. Enter	and the second s	anch Avenue	City	State	Zip
6. Brief Description of the chan HOME HEALTH CARE	acter of the affairs which	are actually conducted in I	Rhode Island.		
7. NAMES AND ADDRESS President Name	SES OF THE OFFICE	RS ("X" BOX FOR ATT	ACHMENT) [FILE IN SPAC Vice President-Name		CHMENTS
Robert Street Address	J. Caffrey		Board Chair Street Address	Mary Murphy	
17 Will	croft St.			6 Ridgewood	Road
City	State	Zip	City	State	Zip
Cumberland Secretary Name	RΙ	02864	Barrington Treasurer Name	RI	02806
Marilyn Br	oussard		Eugene L	eco	
Street Address	_		Street Address	1	
44 Eagle B	the second second second second		1.2.	rly Drive	71
City East Greenwic		Zip 02818	North Attle	A Section of the second section of the second secon	02760
			ACHMENT) FILL IN THE D) CORPORATION <u>SHALL N</u>		
Director Name			Director Name	a garagan kan kan kan a garaga ka da ka	
	vitt-Narcis	o	Thomas M. Street Address	Oakes	•
166 Ferre	Mare Drive	Zip	230 Laurel	Avenue State	Zip
North Kingsto Director Name	wn RI	02852	Providence Director Name	RI	02906
Robert We	ygand		Stephen D.	Zubiago	
Street Address	Hill Drive	•	Street Address	Orchard Drive	
City	State	Zip	City	State	Zip
Saunderstown	RI	02874	Cranston	RI	02920
O. REGISTERED AGENT I Agent Name	N RHODE ISLAND -	DO NOT ALTER - Cha	nges require filing of Form 6 Address	41 - R.I.G.L. 7-6-13 / 7-6-78	
ROBERT J. CAFFREY			City	Zip	
	ITE 244		•		104
725 BRANCH AVENUE, SU	11 E 2 14		PROVIDENCE	029	1 04-

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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.

| Company | Compan

Title of Officer

Form 631 Rev. 6/02

MAY 1.5 2002

To be filed annually during the month of June



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

		, ,	5
		NON-P	ROFIT CORPORATION
Со	orporate ID Number <u>DNP</u> -	26503	Annual Report for the year 2002
1.	The name of the corpora	tion is HOMEFRO	ONT HEALTH CARE
2.			s of which it is incorporated is RHODE ISLAND
3.	The address of the regis		corporation in this state is 725 BRANCH AVENUE, SUITE 214
	and the name of its regis	tered agent in this	state at that address is ROBERT J. CAFFREY
4.	The character of the affa		ally conducting in Rhode Island, briefly stated, is
5			rincipal office in the state or other jurisdiction under the laws of which it is
6.	Corporate address in Rho		
			Providence, RI 02904
7.	number of directors of a c	domestic (Rhode Is	fficers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the sland) corporation shall not be less than three (3).)
	NAME	OFFICE	ADDRESS
MΔ	RITAYN BROUSSARD	Director	44 EAGLE B RUN E. GREENWICH, RI 02818
FΛ	ITH A. DAVIS	Director	9 ARLINGTON AVENUE PROVIDENCE RI 02906
1	MANY MINDHA	Director	6 RIDGEWOOD ROAD, BARRINGTON RT 02806
R	OBERT J. CAFFREY	President Vice-President	17 WILLCROFT ST., CUMBERLAND RI 02864
P	ATRICIA A. FULLE	R Secretary	230 LAUREL AVE., PROVIDENCE RI 02906
E	UGENE LECO (see a	Treasurer Etached)	100 CENTERVILLE ROAD, WARWICK RI 02886
Dat	ed: 12-9-02		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.
			HOMEFRONG HEALTH CARE
F	* 2 6 5 0 3 * OR SECRETARY OF STATE USE	ONLY	By Columbia Capture
le D	Date: 3 (1 ()3	_	Title PRESIDENT & CEO
ıeck	(No.: 1590)		(Report must be signed by an officer)
v. –	\mathcal{U}		Form No. 631 Revised 5/98

Homefront Health Care 725 Branch Avenue Providence, RI 02904

Directors

Beverly Levitt-Narciso 166 Terre Mare Drive North Kingstown, RI 02852

Carol Schraeder 5300 Post Road Trafalgar E. Apt. 304 East Greenwich, RI 02818

Robert Weygand 95 Glenn Hill Drive Saunderstown, RI 02874

Stephen D. Zubiago 5 Baldwin Orchard Drive Cranston, RI 02920

5 5



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

NON-PROFIT CORPORATION

	••	
Со	rporate ID Number <u>DNP-26503</u>	Annual Report for the year 2001
1.	The name of the corporation is HC	MEFRONT HEALTH CARE
2.	The state or other jurisdiction under	the laws of which it is incorporated is RHODE ISLAND
3.	The address of the registered office PROVIDENCE, RI 02904-	of the corporation in this state is <u>725 BRANCH AVENUE, SUITE 214</u>
		t in this state at that address is ROBERT J. CAFFREY
4.		is actually conducting in Rhode Island, briefly stated, is
5	If a foreign corporation, the address incorporated is	of its principal office in the state or other jurisdiction under the laws of which it is
6.		725 Branch Ave, Suite 214 Providence, RI 02904
7.		rs and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the Rhode Island) corporation shall not be less than three (3).)
	NAME OFFIC	ADDRESS
N R R	ARY MURPHY Director ARTH DAVIS Director OBERTS CAFFREY Presidents	9 ArlingTON Ave, Prov. RI 02906
Pp	Vice-P Tricia Fulley Secret Treasu	
Dat	med: 6/15/01	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.
	* 2 6 5 0 3 *	HOMEFRONT HEA(TH CARE Exact Name of Corporation
	OR SECRETARY OF STATE USE ONLY Date:	Title President
hec	k No.: 7548	(Report must be signed by an officer) Form No. 631 Revised 5/98



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

JUN & 1 774

Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335

NON-PROFIT CORPORATION

Cd	orporate ID Number <u>ND</u> -	26503	Annual Report for the year 2000
1.	The name of the corporation	on is <u>HOME</u>	FRONT HEALTH CARE
2.	The state or other jurisdict	ion under the law	s of which it is incorporated is RHODE ISLAND
3.	The address of the registe	red office of the	corporation in this state is HOMEFRONT HEALTH CARE
	725 BRANCH AVE		IDENCE RHODE ISLAND 02904 and the
	name of its registered age	nt in this state at	that address is ROBERT J. CAFFREY
4.	The character of the affair	s which it is actua	ally conducting in Rhode Island, briefly stated, is <u>home health care</u>
5	If a foreign corporation, the incorporated is	e address of its p	rincipal office in the state or other jurisdiction under the laws of which it is
6.	Corporate address in Rhoo	le Island <u>72</u>	5 BRANCH AVENUE PROVIDENCE RI 02904
7.	number of directors of a do	omestic (Rhode Is	fficers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the sland) corporation shall not be less than three (3).)
	NAME	OFFICE	ADDRESS
	· · · · · · · · · · · · · · · · · · ·	_Director	
		_Director	(see attached list)
		_Director	
R	OBERT J.CAFFREY	_President	17 Willcroft Street, Cumberland RI 02864
_S	TEPHEN ZUBIAGO	_Vice-President	5 Baldwin Orchard Drive Cranston, RT 02920
<u>P</u>	ATRICIA A. FULLER	Secretary	96 University Avenue, Providence RT 02906
R	OBINSON ALSTON, JR	_Treasurer	825 Pontiac Avenue, Cranston RT 02910
Da	ted: 7/12/00 #682/		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.
	2 ·		Exact Name of Corporation By Caffel Title Resedent

Pevised: 01/99

HOMEFRONT HEALTH CARE

2000

Faith Davis – 9 Arlington Avenue, Providence RI 02906

Marilyn Broussard - 44 Eagle B Run, East Greenwich RI 02818

Stephen D. Zubiago – 5 Baldwin Orchard Drive, Cranston RI 02920

Mary Sadlier - Advertising Ventures, 10 Davol Square, Providence RI 02903

Carol Schraeder - 5300 Post Road, Trafalgar E. Apt. 304, E. Greenwich RI 02818

S. 10000



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

NON-PROFIT CORPORATION

Co	prporate ID Number <u>ND</u> -	- 26503	Annual Report for the year 1999
1.	The name of the corporati	on is <u>HOMEF</u>	RONT HEALTH CARE
2.	The state or other jurisdict	ion under the lav	vs of which it is incorporated is <u>RHODE ISLAND</u>
3.			corporation in this state is <u>HOMEFRONT HEALTH CARE</u>
			DENCE RHODE ISLAND 02904 and the
	name of its registered age	nt in this state at	that address isROBERT J. CAFFREY
4.	The character of the affair	s which it is actu	ally conducting in Rhode Island, briefly stated, is <u>HOME HEALTH CAR</u> E
5	If a foreign corporation, the incorporated is	e address of its p	rincipal office in the state or other jurisdiction under the laws of which it is
6.	Corporate address in Rhoo	de Island <u>725</u>	BRANCH AVENUE PROVIDENCE RI 02904
7.	Names and addresses of it number of directors of a do	ts directors and comestic (Rhode !	officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the sland) corporation shall not be less than three (3).)
	NAME	OFFICE	ADDRESS
		_Director	
_		_Director	see attached list
	· -	Director	
F	AITH DAVIS	_President	9 Arlington Avenue, Providence RI 02906
М	ARY MURPHY	_Vice-President	6 Ridgewood Road, Barrington RI 02806
P	ATRICIA A.FULLER	_Secretary	96 University Avenue, Providence RI 02906
Ŗ	OBINSON ALSTON, JR	_Treasurer	825 Pontiac Avenue, Cranston RI 02910
) Jat	ed: 7/14/00 #632/		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. HOMEFRONT HEALTH CARE Exact Name of Corporation By Title

Form No. 631 Revised: 01/99

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HOMEFRONT HEALTH CARE

<u> 1999</u>

Beverly Levitt-Narciso – 166 Terre Mare Drive, North Kingstown RI 02852

Russell Viau – 53 Cul De Sac Way, East Providence RI 02915

Stephen D. Zubiago – 3 Baldwin Orchard Drive, Cranston RI 02920

George Nunes – 366 Juniper Street, East Providence RI 02914



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

NON-PROFIT CORPORATION

 The name of the corporation is HOMEFRONT HEALTH CARE The state or other jurisdiction under the laws of which it is incorporated is RHODE ISLA The address of the registered office of the corporation in this state is HOMEFRONT HE STREET PROVIDENCE, RI 02908 and the name of its registered agent in this state at that address is ROBERT J. CAFFRI The character of the affairs which it is actually conducting in Rhode Island, briefly stated, Home Health Care If a foreign corporation, the address of its principal office in the state or other jurisdiction incorporated is Corporate address in Rhode Island Homefront Health Care, 400 Sm: 	EALTH CARE 400 SMITH
 The address of the registered office of the corporation in this state is HOMEFRONT HE STREET PROVIDENCE, RI 02908 and the name of its registered agent in this state at that address is ROBERT J. CAFFRI The character of the affairs which it is actually conducting in Rhode Island, briefly stated, Home Health Care If a foreign corporation, the address of its principal office in the state or other jurisdiction incorporated is	EALTH CARE 400 SMITH
and the name of its registered agent in this state at that address is ROBERT J. CAFFRI 4. The character of the affairs which it is actually conducting in Rhode Island, briefly stated, Home Health Care 5 If a foreign corporation, the address of its principal office in the state or other jurisdiction incorporated is	ΕΥ
and the name of its registered agent in this state at that address is ROBERT J. CAFFRI 4. The character of the affairs which it is actually conducting in Rhode Island, briefly stated, Home Health Care 5 If a foreign corporation, the address of its principal office in the state or other jurisdiction incorporated is	
 4. The character of the affairs which it is actually conducting in Rhode Island, briefly stated, Home Health Care 5 If a foreign corporation, the address of its principal office in the state or other jurisdiction incorporated is	
Home Health Care If a foreign corporation, the address of its principal office in the state or other jurisdiction incorporated is	is
incorporated is	
	under the laws of which it is
O	ith St.
Providence, RI 02908	
7. Names and addresses of its directors and officers: (In compliance with 7-6-23 of the R.I. number of directors of a domestic (Rhode Island) corporation shall not be less than three	
NAME OFFICE ADDRESS	
See attached list Director	
Director	
Director	
Faith Davis President 9 Arlington Avenue, Provide	ence, RI 02906
George Nunes Vice-President 366 Juniper Street, East President	covidence, RI 02914
Mary Murphy Secretary 6 Ridgewood Rd., Barrington	n, RI 02806
Russell Viau Treasurer 53 Cul de Sac Way, East Pro	ovidence, RI 02915
Dated: 6/30/98 Under penalty of perjury, I declare and affirm that report, including any accompanying schedules are all statements contained herein are true and correct Homefront Health Care	nd statements, and that ect.
FOR SECRETARY OF STATE USE ONLY File Date: 7-21-98 Exact Name of Co	rporation
Check No.: 5436 Title (Report must be signed by	an officer)
By: AMF	

Homefront Health Care Board Members

Steven Deware 1 Tallwood Road Lincoln, RI 02865

Beverly Levitt-Narciso 166 Terre Mare Drive North Kingstown, RI 02852

> Joanne LaFlamme 77 Arland Drive Pawtucket, RI 02861

Patricia Fuller 96 University Avenue Providence, RI 02906

Robinson Alston, Jr. 825 Pontiac Avenue Cranston, RI 02910

Filing Fee: \$20.00

To be filed annually during the month of June

1997

State of Rhode Island and Providence Plantations

Corporation Division 100 North Main Street Providence, RI 02903

NON-PROFIT CORPORATION

0026503

Corporate ID Number	Annual Report for the year
	HOMEFRONT HEALTH CARE s
	laws of
THIRD: The character of the affairs w	nich it is actually conducting in Rhode Island, briefly stated, is
	address of its principal office in the state or country under the laws of
which it is incorporated is	
FIFTH: Corporate address in Rhode Is	land400 Smith Street Providence, RI 02908
	rectors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, of a corporation shall not be less than three (3).)
THIS REPORT WILL NOT BE AC	CEPTED UNLESS THREE (3) DIRECTORS ARE LISTED.
NAME OFFICE	ADDRESS
Director	See ATTAched
Director	
Director	
Faith Davis President	9 Arlington Avenue, Providence, RI 02906
Joanne LaFlamme Vice-President	77 Arland Drive, Pawtucket, RI 02861
GeorgeNunesSecretary	366 Juniper Street East Providence, RI 02914
Russell Viau Treasurer	53 Cul de Sac Way, East Providence, RI 02915
Dated: 5 19 78	(Name of Corporation)
MAY 4 1998	By Jain ADavi.
By (X/3 C/a H8240	Title President
	(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form N-14 must be filed.

Please contact the Corporation Division, 277-3040, for further information.

Homefront Health Care Board Members

Steven Deware 1 Tallwood Road Lincoln, RI 02865

Beverly Levitt-Narciso 166 Terre Mare Drive North Kingstown, RI 02852

> Mary Murphy 6 Ridgewood Rd. Barrington, RI 02806

> Patricia Fuller 96 University Avenue Providence, RI 02906

State of Rhode Island and Providence Plantations

Corporation Division 100 North Main Street Providence, RI 02903

NON-PROFIT CORPORATION

Corpora	ate ID Number	0026503	•••••	Annual Report for the year	1996
		•	n is HOMEFRONT HE	•	<u> </u>
••••••	SECOND: It is inc	corporated under the	helaws of Rhode Ts	land	
*********		ront Health	Care	cting in Rhode Island, briefly stat	
	FOURTH: If a for	eign corporation, tl	he address of its principal	office in the state or country und	ler the laws of
which it	is incorporated is .				
	FIFTH: Corporate	address in Rhode	Island4.00Smith	Street, Providence, R	I02908
********	·	E		······································	
				n compliance with 7-6-23 of the F not be less than three (3).)	R.I.G.L. 1956,
	THIS REPORT	WILL NOT BE A	ACCEPTED UNLESS T	HREE (3) DIRECTORS ARE	LISTED.
J	NAME	OFFICE		ADDRESS	
Se	NAME ee attached			ADDRESS	
. 👡 i		Director			* .
i di	ee attached	Director			
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ee attached	Director			<u> </u>
lizabeth.	ee attached Lst.of.Direc McKenna-Jut	Director torsDirectorDirector ras.President	29 Peckham Ave		7.9
llizabeth. Beverly	ee attached Lst.of.Direc McKenna-Jut	Director tor:DirectorDirector ras:President iso:Vice-Preside	29 Peckham Ave ent 116 Terre Mare	Wakefield, RI 028	79 RI 02852
Elizabeth. Beverly. Joann. Stephe	ee attached st of Direc McKenna-Jut Levitt-Narc	Director LOLDirector Director Las. President Secretary Treasurer	29 Peckham Ave ent 116 Terre Mare 77 Arland Driv	Wakefield, RI 028 Drive, No.Kingstown	79 ,RI 02852
Elizabeth. Beverly. Joann. Stephe	ee attached st.of.Direc McKenna-Jut Levitt-Narc M.LaFlamme	Director tor Director Director cas President iso Vice-Preside Secretary Treasurer d, attach rider)	29 Peckham Ave ent 116 Terre Mare 77 Arland Driv	Wakefield, RI 028 Drive, No.Kingstown e. Pawtucket, RI 028	79 ,RI 02852
Elizabeth. Beverly. Joann. Stephe (If additional Dated: J	ee attached st.of.Direc .McKenna-Jut .Levitt-Narc M.LaFlamme en.Cross	Director tor Director Director cas President iso Vice-Preside Secretary Treasurer d, attach rider)	29 Peckham Ave ent 116 Terre Mare 77 Arland Driv 16 Mashie Road Homefront Hea	Wakefield, RI 028 Drive, No.Kingstown e. Pawtucket, RI 028	79 ,RI 02852

If the corporation has changed its registered office and/or its registered agent, Form N-14 must be filed.

Please contact the Corporation Division, 277-3040, for further information.

Homefront Health Care List of Directors

Caren Cotia 34 Chambly Avenue Warwick, RI 02888

Faith A. Davis 9 Arlington Avenue Providence, RI 02906

Jo-Ann Jayne 17 Old Lyme Drive Warwick, RI 02886

George E. Nunes 366 Junniper Street East Providence, RI 02914

Lane W. Newquist 15 Keats Drive North Kingstown, RI 02852

> Elizabeth Shelov 548 Lloyd Avenue Providence, RI 02906

Susan G. Venezia 96 Moorland Avenue Cranston, RI 02905

State of Rhode Island and Providence Plantations

Corporation Division 100 North Main Street Providence, RI 02903

NON-PROFIT CORPORATION

0026503

Corporate ID Number. 0025503	Annual Report for the year1995
FIRST: The name of the corpo	oration is HOMEFRONT HEALTH CARE
SECOND: It is incorporated u	nder the laws of Rhode Island
THIRD: The character of the a	affairs which it is actually conducting in Rhode Island, briefly stated, is
	me health care
	tion, the address of its principal office in the state or country under the laws of
which it is incorporated is	
	Rhode Island 400 Smith Street, Providence, RI 02908
Reenactment of 1994, the number of D	of its directors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, birectors of a corporation shall not be less than three (3).) BE ACCEPTED UNLESS THREE (3) DIRECTORS ARE LISTED.
NAME OFFIC	
Directo	or
ListDirecto	or
attached Directo	or
Elizabeth McKenna-Jutras Presid e	ent 29 Peckham Ave., Wakefield, RI 02879
Beverly Levitt-Narciso 	resident 166 Terre Mare Drive, North Kingstown, RI 0285
Kathleen Field Secreta	ary 83 Arlington Ave., Providence, RI 02906
Stephen Cross Treasu	
Dated: October 6 1995	
~ KID 8185	(Name of Corporation) By (Cusarztu he Kerreur R)
and of the same	Title President
	(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form N-14 must be filed. Please contact the Corporation Division, 277-3040, for further information.

EXHIBIT A HOMEFRONT HEALTH CARE 1995 BOARD OF DIRECTORS

11 Euclid Avenue, Providence, RI 02906 H. Cushman Anthony 34 Chambly Avenue, Warwick, RI 02888 Caren Cotoia 16 Mashie Road, Cumberland, RI 02864 Stephen Cross 9 Arlington Avenue, Providence, RI 02906 Faith A. Davis 83 Arlington Avenue, Providence, RI 02906 Kathleen Field 17 Old Lyme Drive, Warwick, RI 02886 Jo-Ann R. Jayne 77 Arland Drive, Pawtucket, RI 02861 Joann M. LaFlamme 166 Terre Mare Drive, North Kingstown, RI 02852 **Beverly Levitt-Narciso** 29 Peckham Avenue, Wakefield, RI 02879 Elizabeth McKenna-Jutras 366 Juniper Street, East Providence, RI 02914 George E. Nunes Lane W. Newquist 15 Keats Drive, North Kingston, RI 02852 96 Moorland Avenue, Cranston, RI 02905 Susan G. Venezia

State of Alpode Island and Providence Plantations NON-PROFIT CORPORATION

Corporate ID Number00.265.0.3	Annual Report for the year1994
First: The name of the corpora	tion is HOMEFRONT HEALTH CARE
SECOND: It is incorporated under	er the laws ofRhode_Island
	nirs which it is actually conducting in Rhode Island, briefly stated, is
	on, the address of its principal office in the state or country under the laws o
FIFTH: Corporate address in Rh	ode island 400 Smith Street, Providence, RI 02908
Sixth: Names and addresses of	
(AA)	dresses must include street, number II any, and zip code)
NAME OF	FICE ADDRESS
See exhibit A Direct	lor
List of Directors Directors	dor
Direc	
Beverly Levitt-Narciso President	Jent 166 Terre Mare Drive, North Kingstown RI
Elizabeth McKenna-Jutras Vice	President .29 Reckham Avenue Wakefield RI
Kathleen Field Secre	tary .83Arlington.AvenueProvidenceRL
Stephen Cross Treas (If additional space is needed, attach rider)	
Dated: September 12, 19.9	(Name of Corporation)
FILED	By Buelly Squill Marciso
NOV 2 9 1994	Title Y 15. 93 Sk. e.s. V
	33519 (Report must be signed by an officer)
If the corporation	has changed its registered office and/or its registered agent,

Form N-14 must be filed. Please contact Corporation Division for Information, 277-3040 Mall with fee to: Corporations Division, 100 North Main Street, Providence, RI 02903.

EXHIBIT A HOMEFRONT HEALTH CARE 1994 BOARD OF DIRECTORS

H. Cushman Anthony
Thomas Coombs
Caren Cotoia
Faith Davis
Marion Drew
Jo-Ann Jayne
Carolyn Krohn
Mario Lupoli
Barbara Maroney
Gerard Padden

11, Euclid Ave, Providence, RI 02906
95 New Meadow Rd, Barrington, RI 02806
34 Chambly Ave, Warwick, RI 02888
9 Arlington Ave, Providence, RI 02906
28 Bradford St, E Greenwich, RI 02818
17 Old Lyme Dr, Warwick, RI 02886
326 Pequot Ave, Warwick, RI 02886
12 Scenic View Dr., Johnston, RI 02919
15 Brandywine Lane, Narragansett, RI 02882
21 Twin Pound Rd, E Greenwich, RI 02818

State of Alpade Island and Providence Alamintons NON-PROFIT CORPORATION

Corporate ID	Number 002650)3	Annual Report for the year	1993
First:	The name of the co	rporation is	HOMEERONT HEALTH CARE.	
SECOND	; It is incorporated	under the law	s ofRhodeIsland	······································
Third:			it is actually conducting in Rhode Island, brid	
			dress of its principal office in the state or coun	try under the laws of
			d 400 Smith Street, Providence	, RI 02908
Sixтн:	Names and addres	ses of its directo	ors and officers:	
		(Addresses mu	ist include street, number II any, and zip code)	
	NAME	office	ADDRESS	
See exhi	bit A for	Director	***************************************	***************************************
list of	Directors	Director	\$4\$++\$++\$++\$+\$+\$+\$+\$+\$+\$+\$+\$+\$+\$+\$+\$+\$+	
***********		Director	***************************************	39492342283355364441344414441444
Beverly Le	vitt-Narciso	President	166 Torre Mare Drive. North K.	
Faith Day	/i.s	Vice President	9 Arlington Avenue, Providence	, RI 02906
Elizabeth Mo	kenna-Jutras	Secretary	29 Peckham Avenue. Wakalield.	
*****************	Maroney 2nd Noney space is needed, attach		dent 2 Chace Drive. Providence.	R.I029.0.6
Dated:S.	eptember 12	19 9.4	(Name of Corporation)	
	FILED		By Beverly Switt- Man	140
	NOV 2 9 1994		Tille President	***************************************
В,	1_1011C#12	17801	(Report must	be algued by an officer)

If the corporation has changed its registered office and/or its registered agent, Form N-14 must be filed. Please contact Corporation Division for information, 277-3040 Mail with fee to: Corporations Division, 100 North Main Street, Providence, RI 02903.

EXHIBIT A HOMEFRONT HEALTH CARE 1993 BOARD OF DIRECTORS

H. Cushman Anthony 11 Euclid Drive, Providence, RI 02906

Thomas Coombs 95 New Meadow Road, Barrington, RI 02912

Marion Drew 28 Bradford Street, East Greenwich, RI 02818

Jo-Ann R. Jayne 17 Old Lyme Drive, Warwick, RI 02886

Doris J. Licht 350 Cole Avenue, Providence, RI 02906

Mario Lupoli 12 Scenic View Drive, Johnston, RI 02919

Gerard M. Padden 21 Twin Pound Road, East Greenwich, RI 02818

Caroline Patterson 76 Seaview Avenue, Cranston, RI 02905

State of Rhode Island and Providence Plantations

NON-PROFIT CORPORATION

Corporate ID Number 00 26503	Annual Report for the year1992
FIRST: The name of the corporation	is Home Health Services of RI
SECOND: It is incorporated under the	ne laws of Rhode Island
THIRD: The character of the affairs Home Health Care	which it is actually conducting in Rhode Island, briefly stated, is
	he address of its principal office in the state or country under the laws of
FIFTH: Corporate address in Rhode	Island 400 Smith Street, Providence, RI 02908
SIXTH: Names and addresses of its d (Address NAME OFFICE	ses must include street, number if any, and zip code)
See Exhibit A for Director	
.list.of.Directors Director	
.JohnMcCarthy President	8LanternLane,Barrington,RI0.2806
Faith Davis Vice Pres	ident 9 Arlington Avenue, Providence, RI 02906
BeverlyLevitt=Narciso Sceretary	Pres 166TerreMareDrive,NorthKingstown,RI0285
Domenic Ferrante Treasurer (If additional space is needed, attach rider)	5 Woodmont Court, Barrington, RI 02806
Dated: June 23 19 92	Home HealTh Services of RI (Name of Corporation) By Beverly Levell-Marine Title VICE PresideNT

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form N-14 must be filed. Please contact Corporation Division for information, 277-3040 Mail with fee to: Corporations Division, 100 North Main Street, Providence, RI 02903.

Title

EXHIBIT A HOME HEALTH SERVICES OF RI 1992 BOARD OF DIRECTORS

H. Cushman Anthony	11 Euclid Drive, Providence, RI 02906
Reverend A. Ralph Barlow	95 Cole Avenue, Providence, RI 02912
Thomas Coombs	95 New Meadow Road, Barrington, RI 02912
Marion Drew	28 Bradford Avenue, East Greenwich, RI 02818
Doris J. Licht	350 Cole Avenue, Providence, RI 02906
Mario Lupoli	12 Scenic View Drive, Johnston, RI 02919
Barbara Maroney	2 Chace Drive, Providence, RI 02906
Gerard M. Padden	21 Twin Pound Road, East Greenwich, RI 02818
Linda Sebelia	112 Ferry Lane, Barrington, RI 02806

Filing Fee: \$20.00

State of Rhode Island and Providence Plantations

NON-PROFIT CORPORATION

Corporate ID Number 2650	3	Annual Report for the year 1991
FIRST: The name of the co	orporation is	Home Health Services of RI
SECOND: It is incorporated	d under the law	s ofRhode Island
		it is actually conducting in Rhode Island, briefly stated, is
FOURTH: If a foreign corp	oration, the ad	dress of its principal office in the state or country under the laws of
FIFTH: Corporate address	in Rhode Islan	d 400 Smith Street, Providence
		Rhode Island 02908
SIXTH: Names and address		
	(Addresses mu	st include street, number if any, and zip code)
NAME	OFFICE	ADDRESS
See Exhibit A for		
list of Directors	Director	
John L. McCarthy	President 8	Lantern Lane, Barrington RI 02806
Faith Davis	Vice President	9 Arlington Avenue, Providence RI 02906
Louis DiToro	Secretary	6NevadaAvenue,EastProvidenceRI02916
Domenic Ferrante	Treasurer	5 Woodmont Court, Barrington RI 02806
(If additional space is needed, attach i	rider)	·
Dated: November 29,	19	Home Health Services of RI (Name of Corporation)
		By Louis L De Toro
		(Name of Corporation) By Louis L. De Toro Title Lecrerary

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form N-14 must be filed. Please contact Corporation Division for information, 277-3040 Mail with fee to: Corporations Division, 100 North Main Street, Providence, RI 02903.

EXHIBIT A HOME HEALTH SERVICES OF RI 1991 BOARD OF DIRECTORS

	11 H -1:4 Duine Drowidence DI 02006
H. Cushman Anthony	11 Euclid Drive, Providence RI 02906
Reverand A. Ralph Barlow, Jr.	95 Cole Avenue, Providence RI 02906
Thomas Coombs	95 New Meadow Road, Barrington RI 02912
Marion Drew	28 Bradford Avenue, East Greenwich RI 02818
Robert LaForge, Sc. D.	150 Veazie Street, Providence RI 02908
Beverly Levitt-Narciso	166 Terre Mare Drive, North Kingstown RI 02852
Doris J. Licht	350 Cole Avenue, Providence RI 02906
Mario Lupoli	12 Scenic View Drive, Johnston RI 02919
Barbara Maroney	2 Chace Drive, Providence RI 02906
Gerard M. Padden	21 Twin Pound Road, East Greenwich RI 02818
Linda Sebelia	112 Ferry Lane, Barrington RI 02806

Filing Fee: \$10.00

State of Rhode Island and Providence Plantations

NON-PROFIT CORPORATION

Corporate ID Number29	6503	Annual Report for the year 1990
FIRST: The name of the c		HOME HEALTH SERVICES OF RI.
Second: It is incorporate		s of Rhode Island
THIRD: The character of the home health		it is actually conducting in Rhode Island, briefly stated, is
		dress of its principal office in the state or country under the laws of
		d 400 Smith Street, Providence, RI 02908
SIXTH: Names and address		
	(Addresses mu	st include street, number if any, and zip code)
NAME	OFFICE	ADDRESS
H. Cushman Anthony	Director	11 Euclid Drive, Providence, RI 02906
Rev. A. Ralph Barlow	Director	95 Cole Avenue, Providence, RI 02906
Thomas Coombs	Director	95 New Meadow Road, Barrington, RI 02912
Beverly Levitt-Narciso	President	166 Terre Mar Dr., No. Kingstown, RI 02852
(Willbur N. Curtis, Jr. (Daniel Bryant Domenic Ferrante	Vice President Secretary	88 Blackburn Street, Pawtucket, RI 02861 123 Wyndham Ave., Providence, RI 02908 5 Woodmont Court, Barrington, RI 02806
Jack McCarthy	Treasurer	& Lantern Lane, Barrington, RI 02806
(If additional space is needed, attach		See list for additional directors.
Dated: June 5	19 <u>90</u>	HOME HEALTH SERVICES OF RI. (Name of Corporation) By: Title Prevalent
Carried of the carried		

(Report must be signed by an officer)

BOARD OF DIRECTORS

1990

NAME

Margaret Hainsworth
Robert LaForge, Sc. D.
Franziska Noring

Joseph Sternberg, M.D.

John Andrew Thompson

Faith Davis

Mario Lupoli

Theodore Whitford
Willbur N. Curtis, Jr.
Beverly Levitt-Narciso

Domenic Ferrante
Jack McCarthy

ADDRESS

6 Chapman Lane, Barrington, RI 02806 150 Veazie St., Providence, RI 02908 20 Narragansett Ave., 2-B, Narr.

RI 02882

185 Albert Ave., Cranston, RI 02905
100 Shaw Ave., Cranston, RI 02905
9 Arlington Dr., Prov., RI 02906
12 Scenic View Dr., Johnston, RI
02919

17 Aldrich Terrace, Prov., RI 02906
88 Blackburn St., Pawtucket, RI 02861
166 Terre Mar Dr., N. Kingstown,
RI 02852

5 Woodmont Ct., Barr., RI 02806 8 Lantern Lane, Barr., RI 02806

1989

Filing Fee: \$10.00

26503

State of Rhode Island and Providence Plantations

NON-PROFIT CORPORATION

Corporate ID Number26503	Annual Report for the year
FIRST: The name of the corporation is	HOME HEALTH SERVICES OF RI.
SECOND: It is incorporated under the	laws of Rhode Island
THIRD: The character of the affairs when health care	nich it is actually conducting in Rhode Island, briefly stated, is
	address of its principal office in the state or country under the laws of
FIFTH: Corporate address in Rhode Is.	land 400 Smith Street, Providence, RI 02908
SIXTH: Names and addresses of its dire	ectors and officers:
(Addresses	must include street, number if any, and zip code)
NAME OFFICE	ADDRESS
H. Cushman Anthony Director	11 Euclid Drive, Providence, RI 02906
Rev. A. Ralph Barlow Director	95 Cole Avenue, Providence, RI 02906
Thomas Coombs Director	95 New Meadow Rd, Barrington, RI 02912
Faith Davis President (Willbur N. Curtis, Jr. (Beverly Levitt-Narciso Domenic Ferrante Secretary	9 Arlington Ave., Providence, RI 02906 88 Blackburn Street, Pawtucket, RI 02861 166 Terre Mar Dr., No. Kingstown, RI 02852 5 Woodmont Court, Barrington, RI 02806
Jack McCarthy Treasurer (If additional space is needed, attach rider)	8 Lantern Lane, Barrington, RI 02806 See list for additional directors.
Dated: June 5 19 90	HOME HEALTH SERVICES OF RI. By Title
Rec'd & Filed JUN 08 1990	(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form N-14 must be filed. Please contact Corporation Division for information, 277-3040 Mail with fee to: Corporations Division, 270 Westminster Mall, Providence, RI 02903.

BOARD OF DIRECTORS

1989

NAME

ADDRESS

Margaret Hainsworth
Robert LaForge, Sc. D.
Steven R. Menge
Franziska Noring

6 Chapman Lane, Barrington, RI 02806 150 Veazie Street, Providence, RI 02908 110 Bay View lAve., E. Greenwich, RI 02818 20 Narragansett Ave., 2-B, Narragansett,

RI 02882

Joseph Sternberg, M.D.

John Andrew Thompson

Daniel Bryant

Mario Lupoli

Richard Jost

Theodore Whitford

Beverly Levitt-Narciso

Willbur N. Curtis, Jr.

Domenic Ferrante

Jack McCarthy

185 Albert Ave., Cranston, RI 02905
100 Shaw Ave., Cranston, RI 02905
123 Wyndham Ave., Providence, RI 02908
12 Scenic View Dr., Johnston, RI 02919
244 Oldwood Road, No. Attleboro, MA 02760
17 Aldrich Terrace, Providence, RI 02906
166 Terre Mar Dr., N. Kingstown, RI 02852
88 Blackburn Street, Pawtucket, RI 02861
5 Woodmont Court, Barrington, RI 02806
8 Lantern Lane, Barrington, RI 02806

Filing Fee: \$10.00

State of Rhode Island and Providence Plantations



NON-PROFIT CORPORATION

Corporate ID Number26.5.0.3.		Annual Report for the year 1988
First: The name of the cor	poration is	HOME HEALTH SERVICES OF RI
SECOND: It is incorporated	under the law	s of Rhode Island
		it is actually conducting in Rhode Island, briefly stated, is
		dress of its principal office in the state or country under the laws of
which it is incorporated is	***************************************	
FIFTH: Corporate address in	Rhode Islan	d 400 Smith Street, Providence, RI 02908
	********************	PAID
		Sho u
	(Addresses mu	st include street, number if any, and zip cose)
NAME	OFFICE	ADDRESS
H. Cushman Anthony D	Director	ll Euclid Drive, Providence, RI 02906
Rev. A. Ralph Barlow D	Director	95ColeAvenue, Providence, RI02906
Thomas Coombs	Director	95 New Meadow Road, Barrington, RI 02912
Faith Davis P	resident	9Arlington Drive, Providence, RI 02906
Wilbur N. Curtis, Jr. V Mario Lupoli	ice President	88 Blackburn Street, Pawtucket, RI 02861 12 Scenic View Drive, Johnston, RI 02919
Theodore Whitford S		17AldrichTerrace,Providence,RI02906
Richard V. Jost T (If additional space is needed, attach rich		244 Oldwood Road, No. Attleboro, MA 02760
Dated: August 23, 19		HOME HEALTH SERVICES OF RI (Name of Corporation)
		By Sauth & Savis Titic Preziocut
		Title President

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form N-14 must be filed. Please contact Corporation Division for information, 277-3040 Mail with fee to: Corporations Division, 270 Westminster Mall, Providence, RI 02903.

NAME

Domenic P. Ferrante
Margaret Hainsworth
Robert LaForge, Sc. D.
Timothy Lee
Beverly Levitt-Narciso
Jack McCarthy
Steven R. Menge
Franziska Noring
William D. Spector
Joseph Sternberg, M. D.
John Andrew Tompson
James P. Yancy

ADDRESS

5 Woodmont Court, Barrington, RI 6 Chapman Lane, Barrington, RI 02806 150 Veazie Street, Providence, RI 02908 20 Orchard Avenue, Barrington, RI 02806 166 Terre Mar Drive, No. Kingstown, RI 02852 8 Lantern Lane, Barrington, RI 02806 110 Bay View Avenue, E. Greenwich.RI 02818 20 Narragansett Ave., 2-B, Narragansett, RI 02882 8 Plymouth Drive, Barrington, RI 185 Albert Avenue, Cranston, RI 02905 100 Shaw Avenue, Cranston, RI 02905 784 Love Lane, Warwick, RI 02818

State of Rhode Island and Providence Plantations NON-PROFIT CORPORATION

Corporate ID Number 26503	Annual Report for the year1987
FIRST: The name of the corporation is	HOME HEALTH SERVICES OF R.I.
SECOND: It is incorporated under the law	vs ofRhode Island
THIRD: The address of its registered offic	e in Rhode Island is Dr. Franziska Noring
	ragansett, RI 02882 and the name of its
registered agent at such address in Rhode Island	lis Dr. Franziska Noring.
	dress of its principal office in the state or country under the laws of
FIFTH: The character of the affairs which home health care	it is actually conducting in Rhode Island, briefly stated, is
SIXTH: Names and addresses of its director (Addresses mu	ors and officers: 1 JUL 1 4 198)
NAME OFFICE	ADDRESS
H. Cushman Anthony Director	11 Euclid Dr., Providence, RI 02906
RevA. Ralph Barlow Director	95 Cole Ave., Providence, RI 02906
Thomas Coombs Director	95 New Meadow Road, Barrington, RI 02912
Russell N. Viau President	53 Cul-De-Sac Way, Riverside, RI 02915
	88 Blackburn St., Pawtucket, RI 02861
Faith Davis Secretary	9 Arlington Ave., Providence, RI 02906
Rickard V. Jost Treasurer (If additional space is needed, attach rider)	211 Oldwood Road, No. Attleboro, MA 02760
Dated:	HOME HEALTH SERVICES OF R.I. (Name of Corporation) By Justil Durin
	Title TRASIDERY)

1987

(Report must be signed by an officer)

NAME

Dr. Katherine Cutts

Karen Davie

Michael R. Goldenberg

Mario Lupoli

Steven Menge

Franziska Noring

William Spector

John Andrew Thompson

Theodore Whitford

James P. Yancy

ADDRESS

9 Irving Ave., Providence, RI 02906

14 Pitman Street, Providence, RI 02906

83 Dalehill Drive, East Greenwich, RI 02818

12 Seenic View Drive, Johnston, RI 02919

110 Bay View Avenue, East Greenwich, RI 02818

20 Narragansett Ave, Narragansett, RI 02882

8 Plymouth Drive, Barrighton, RI 02912

100 Shaw Avenue, Cranston, RI 02905

17 Aldrich Terrace, Providence, RI 02906

784 Love Lane, Warwick, RI 02818

Filing Fee: \$10.00

State of Rhode Island and Providence Plantations NON-PROFIT CORPORATION

Corporate ID Number26503	Annual Report for the year
FIRST: The name of the corporation is	HOME HEALTH SERVICES OF R.I.
SECOND: It is incorporated under the	laws of Rhode Island
THIRD: The character of the affairs whome health care	hich it is actually conducting in Rhode Island, briefly stated, is
FOURTH: If a foreign corporation, the	e address of its principal office in the state or country under the laws of
which it is incorporated is	
FIFTH: Corporate address in Rhode Is	sland 400 Smith Street, Providence, R.I. 02908
SIXTH: Names and addresses of its dir	ectors and officers: s must include street, number if any, and zip code)
NAME OFFICE	ADDRESS
Mario Dupoli Director	12 Scenic View Drive, Johnston, R.I. 02919
H. Cushman Anthony Director	11 Euclid Avenue, Providence, R.I. 02906
Thomas M. Coombs Director Franziska Noring, PhD. President	34 New Meadow Road, Barrington, R.I. 02806 University of R.I., 20 Narragansett Avenue
	Narragansett, R.I. 02882 lent 53 Cul De Sac Way, East Providence, R.I.02916
Russell N. Viau. Jr. Vice Presid	_
Michael R. GoldenbergSecretary Richard Jost Treasurer (If additional space is needed, attach rider)	83 Dale Hill Dr., East Greenwich, R.I. 02818 Phil Oldwood Road South, No. Attleboro, MA. 0276
Dated: 5 - 9p. 7 1.5 19 8.6	Chome HEALTH SERVICES of R.I. (Name of Corporation) (Name of Corporation)
% SFP 25 1000	Title (Report must be signed by an officer)
SEP 25 1986 If the corporation has ch	hanged its registered office and/or its registered agent,

Mail with fee to: Corporations Division, 270 Westminster Mall, Providence, RI 02903.

Address Name

Wilbur N. Curtis, Jr.	Director	88 Blackburn Street, Pawtucket, R.I. 02861
Katherine K. Cutts, M.D	. Director	9 Irving Avenue, Providence, R.I. 02906
Faith A.Davis	Director	9 Arlington Ave., Providence, R.I. 02906
Lydia Klutz	Director	Cooper Road, Harmony, R.I. 02829
Stephen R. Menge	Director	110 Bay View Avenue, Warwick, R.I. 02886
Joyce Ruddock	Director	157 Irving Avenue, Providence, R.I. 02906
William Spector	Director	9 Plymouth Drive, Barrington, R.I. 02806
Theodore Whitford	Director	17 Aldrick Terrace. Providence, R.I. 02906

NON-PROFIT CORPORATION

		503				
Corporate ID	Number 05-66	20861	••••	Annual Report for the	ne year 1985	
First:	The name of the o	corporation i	s Home	Health Services	of RI	
Second:	It is incorporate	ed under the	laws of	Rhode Island		
Third:	The address of its	registered o	office in Rho	ode Island is 754 Bra	ınch Avenue	
					and the name of its	
				its principal office in the st	ate or country under the laws of	
Fі гтн: П		ne affairs wh			Island, briefly stated, is	
Sіхтн: N	Names and addres			officers: e street and number, if any)		
NA	ME	OFFICE		ADDRE	ess	
	Davis		Gene	ral Hospital Cra	nston, RI 02920	
Steven R.	. Menge	Director	Flee	t Bank Bldg. 111	Westminster St. Prov. R	łΙ
Joy.ceRud	ldock	Director	1.57	Irving Avenue Pr	ovidence, RI 02906	
Dr. Fran	.Nor.ing	President	354	S. Pier Rd. Narra	agansett, RI 02982	
RussellN	V. Viau	Vice Preside	ent125	Dupont Drive Pro	vidence, RI 02907	
MichaelF	Goldenber	Secretary	1Pa	rk Row Providence	RI 02903	
Richard J If additional space	ost e is needed, attach i	Treasurer	825	Chalkstone Ave. 1	e, RI 02903 Providence, RI 02903 of RI	
Dated: Ju.	ly.1,	19 85	Hom (Name of	e Health Services	of RI	
ŕ		J.R	By J	anziska E. Nou resident	ing	
			ARNP CHEK		Report must be signed by an officer)	

If the corporation has charged its registered office and/or its registered agent, Form 9 must be filed. Please antact Corporation Division for information, 277-3040 Mail with fee to: Corporations Division, 270 Westminster Mall, Providence, RI 02903. Home Health Services of R. I. 754 Branch Avenue Providence, Rhode Island 02904

ANNAUL REPORT

Mario LupoliDirector H. Cushman AnthonyDirector	12 Scenic View Dr. Johnston, RI 11 Euclid Ave. Providence, RI 02906
Thomas M. CoombsDirector	11 Richmond Sq. Suite 122C Prov. RI
Wilbur N. CurtisDirector	88 Blackburn St. Providence, RI
Barbara GarriganDirector	31 No. Union St. Pawtucket, RI 02860
Mrs. Lydia KlutzDirector	Cooper Rd. Harmony, RI 02829
Ms. Marie LangloisDirector	Fleet Bank Bldg 100 Westminster St. Providence, RI 02903
Ms. Helenka Marculewicz.Director	YWCA of RI 324 Broad St. Central Falls.
William SpectorDirector	Brown Univ. Box G. Providence, RI
Theodore WhitfordDirector	Hamilton House 276 Angell St. Prov. RI

BIENNIAL REPORT OF NON-BUSINESS CORPORATION.

(FEE FOR FILING, \$10.00)

To be filed in the month of June, of each even year, in the office of the SECRETARY OF STATE, PROVIDENCE, by corporations incorporated under the laws of the State of Rhode Island; in accordance with the provisions of § 7-6-14 of Chapter 7-6 of the General Laws of Rhode Island 1956 (Non-Business Corporations). (FEE FOR FILING \$10.00; Maximum penalty for failure to file, \$50, and possible forfeiture of charter.)

The	Home	Health	Services	of R.	<u>I.</u>	
-----	------	--------	----------	-------	-----------	--

a corporation created under the laws of the State of Rhode Island does hereby make the following report, as required by § 7-6-14 of Chapter 7-6 of the General Laws of 1956 as amended:-

- Name of Corporation Home Health Services of R. I. 754 Branch Avenue (1.)
- Location of Principal Office in Rhode Island Providence, R. I. 02904 (No. Street, City or Town)
- (3.)Names and addresses of all Officers, and Date of Expiration of Term of Office of each:-

OFFICE.	NAME.	ADDRESS.	TERM EXPIRES.
President	Dr. Franziska Noring	354 South Pier Rd. Narragansett. R.I.	May 1985
1st Vice		88 Blackburn St.	ــر.بدير
President 2nd Vice	Willbur N. Curtis, Jr.	Pawtucket, R.I. 12 Scenic View Dr.	May 1985
President	Mario Lupoli	Johnston, R.I.	May 1985
Treasurer	Russell N. Viau, Jr.	53 Cul De Sac Way East Providence, R.]	May 1985
Secretary	Michael Goldenberg	83 Dale Hill Dr. East Greenwich, R.I.	May 1985
	· · · · · - · · · · · · ·	,	

Date Appointed for Next Annual Meeting of the Corporation May 19.85.

I hereby certify the foregoing to be correct:—

May 19.85.

I hereby certify the foregoing to be correct:—

May 19.85.

I hereby certify the foregoing to be correct:—

May 19.85.

I hereby certify the foregoing to be correct:—

May 19.85.

I hereby certify the foregoing to be correct:—

May 19.85.

I hereby certify the foregoing to be correct:—

May 19.85.

I hereby certify the foregoing to be correct:—

May 19.85.

I hereby certify the foregoing to be correct:—

May 19.85.

May 19.85.

FILED IN THE OFFICE OF THE SECRETARY OF STATE

. 19

BIENNIAL REPORT OF NON-BUSINESS CORPORATION.

(FEE FOR FILING, \$10.00)

To be filed in the month of June, of each even year, in the office of the Secretary of State, Providence, by corporations incorporated under the laws of the State of Rhode Island; in accordance with the provisions of § 7-6-14 of Chapter 7-6 of the General Laws of Rhode Island 1956 (Non-Business Corporations). (FEE FOR FILING \$10.00; Maximum penalty for failure to file, \$50, and possible forfeiture of charter.)

	The Home Health Service:	s of R. I.	
follov	poration created under the laws of wing report, as required by § 7-6-14 nded:—		•
(1.)	Name of Corporation Home	Health Services of	R. I. ch Avenue
(2.)	Location of Principal Office in Rh	ode Island Providen	
(3.) each:-	Names and addresses of all Officer:—	rs, and Date of Expiratio	n of Term of Office of
OFFIC	CE. NAME.	ADDRESS.	TERM EXPIRES

OFFICE.	NAME.	ADDRESS.	TERM EXPIRES.
		RD #2 Newell Dr.	
President	John G. Zeiger	Cumberland, R. I.	Nov. 1980
1st Vice		354 South Pier Rd.	
President	Franziska Noring	Narragansett, R. I.	Nov. 1980
2nd Vice		12 Scenic View Dr.	
President	Mario Lupoli	Johnston, R. I.	Nov. 1980
_		88 Blackburn St.	_
Treasurer	Willbur Curtis	Pawtucket, R. I.	Nov. 1980
~ '		7 Elisha Mathewson R	
Secretary	Mildred Pitt	No. Scituate, R. I.	Nov. 1980
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		20 20	
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		RA DA	

(4.) Date Appointed for Next Annual Meeting of the Corporation Nov. 1980

I hereby certify the foregoing to be correct:—

(Name of Designation of Officer Certifying)

APR 25 1983

Form N.B. 31

9

FILED IN THE OFFICE OF THE SECRETARY OF STATE

. 19

BIENNIAL REPORT OF NON-BUSINESS CORPORATION.

(FEE FOR FILING, \$10.00)

To be filed in the month of June, of each even year, in the office of the SECRETARY OF STATE, PROVIDENCE, by corporations incorporated under the laws of the State of Rhode Island; in accordance with the provisions of § 7-6-14 of Chapter 7-6 of the General Laws of Rhode Island 1956 (Non-Business Corporations). (FEE FOR FILING \$10.00; Maximum penalty for failure to file, \$50, and possible forfeiture of

charter.)			
The	Home Health Servi	ces of R. I.	,
_		the State of Rhode Island does 4 of Chapter 7-6 of the Genera	
(1) Name	of Corporation Home He	ealth Services of R. I.	
			venue
(2.) Locatio	on of Principal Office in R	hode Island Providence,	R. I. 02904
` '	•	(No. Street, Ci	ity or Town)
(3.) Names each:—	and addresses of all Office	ers, and Date of Expiration of	Term of Office of
OFFICE.	NAME.	ADDRESS. RD #2 Newell Dr.	TERM EXPIRES.
President	John G. Zeiger	Cumberland, R.I.	May 1983
lst Vice		354 South Pier Rd.	+-00
President	Franziska Noring	Narragansett, R.I.	May 1983
2nd Vice		12 Scenic View Drive	

President	John G. Zeiger	Cumberland, R.I.	May 1983
lst Vice President	Franziska Noring	354 South Fier Rd. Narragansett, R.I.	May 1983
2nd Vice President	Mario Lupoli	12 Scenic View Drive Johnston, R. I.	May 1983
Treasurer	Willbur Curtis	88 Blackburn St. Pawtucket, R. I.	May 1983
Secretary	Michael Goldenberg	11 Park Row Providence, R. I.	May 1983
		N)	
		83	

(4.) Date Appointed for Next Annual Meeting of the Corporation I hereby certify the foregoing to be correct:-

certify the foregoing to be correct:—

Occupation of Officer Certifying)

FILED IN THE OFFICE OF THE SECRETARY OF STATE

BIENNIAL REPORT OF NON-BUSINESS CORPORATION.

(FEE FOR FILING, \$10.00)

To be filed in the month of FEBRUARY, of each even year, in the office of the Secretary of State, Providence, by corporations incorporated under the laws of the State of Rhode Island; in accordance with the provisions of § 7-6-14 of Chapter 7-6 of the General Laws of Rhode Island 1956 (Non-Business Corporations). (FEE FOR FILING \$10.00; Maximum penalty for failure to file, \$50, and possible forfeiture of charter.)

The Homemaker-Home Health Aide Services of Rhode Island, Inc., a corporation created under the laws of the State of Rhode Island does hereby make the following report, as required by § 7-6-14 of Chapter 7-6 of the General Laws of 1956 as amended:—

Homemaker-Home Health Aide

(1.) Name of Corporation Services of Rhode Island, Inc.

265 Melrose Street

(2.) Location of Principal Office in Rhode Island Providence, Rhode Island

(3.) Names and addresses of all Officers, and Date of Expiration of Term of Office of each:—

OFFICE.	NAME.	ADDRESS.	TERM EXPIRES.
		254 Wayland Ave.	
President Ma	rie Langlois		November, 1978
1st Vice		12 Samuel Stone Ro	
	nte F. Tita	No. Scituate, R. 1	
2nd Vice	mia lumali	12 Scenic View Dri	- · · ·
President Ma	C.COPotor	Johnston, R. I. Douglas Pike	MOVEHOET - 1370
Treasurer Mi	ckev Perlow		November 1978
		10 Adelphi Avenue	
Secretary Pa	tricia Mott	Providence, R. I.	November, 1978
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1444497-144-144-144-144-144-144-144-144-144-14		•	, n
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(4.) Date Appointed for Next Annual Meeting of the Corporation November 1978

I hereby certify the foregoing to be correct:—

(Name) (Designation of Officer Certifying)

10.00 10.00 DEC 131575

FILED IN THE OFFICE OF THE SECRETARY OF STATE

BIENNIAL REPORT OF NON-BUSINESS CORPORATION.

(FEE FOR FILING, \$10.00)

To be filed in the month of FEBRUARY, of each even year, in the office of the SECRETARY OF STATE, PROVIDENCE, by corporations incorporated under the laws of the State of Rhode Island; in accordance with the provisions of § 7-6-14 of CHAPTER 7-6 of the General Laws of Rhode Island 1956 (Non-Business Corporations). (FEE FOR FILING \$10.00; Maximum penalty for failure to file, \$50, and possible forfeiture of charter.)

The Homemaker-Home Health Aide Services of Rhode Island a corporation created under the laws of the State of Rhode Island does hereby make the following report, as required by § 7-6-14 of Chapter 7-6 of the General Laws of 1956 as amended:-(1.) Name of Corporation Homemaker-Home Health Aide Services of Rhode Island 265 Melrose Street, (2.) Location of Principal Office in Rhode Island Providence (No., Street, City or Town) (3.) Names and addresses of all Officers, and Date of Expiration of Term of Office of each:-ADDRESS.
Industrial National Bank TERM EXPIRES. OFFICE. NAME. President Marie Langlois - 100 Westminster St., Prov. Nov. 17, 1977 12 Samuel Stone Rd. 12 Scenic Drive

1st Vice Pres. Dante F. Tita-No. Scituate, R. I. Nov. 17, 1977 2nd Vice Pres. Mario Lupoli - Johnston R. I.
Bryant College - Douglas Pike Treasurer Mickey Perlow - Smithfield, R.I. Nov. 17, 1977 353 Olney St. Secretary Patricia Mott - Providence Nov. 17, 1977

(4.) Date Appointed for Next Annual Meeting of the Corporation Nov. 17. 1977 I hereby certify the foregoing to be correct:-

ST 1 Who my Edmond A. Perregaux, Jr., Executive Director (Name) (Designation of Officer Certifying)

FILED IN THE OFFICE OF THE SECRETARY OF STATE

BIENNIAL REPORT OF NON-BUSINESS CORPORATION.

(FEE FOR FILING, \$10.00)

To be filed in the month of FEBRUARY, of each even year, in the office of the SECRETARY OF STATE, PROVIDENCE, by corporations incorporated under the laws of the State of Rhode Island; in accordance with the provisions of § 7-6-14 of CHAPTER 7-6 of the General Laws of Rhode Island 1956 (Non-Business Corporations). (FEE FOR FILING \$10.00; Maximum penalty for failure to file, \$50, and possible forfeiture of charter.)

The Homemaker-Home Health Aide Services of Rhode Island, Inc., a corporation created under the laws of the State of Rhode Island does hereby make the following report, as required by § 7-6-14 of Chapter 7-6 of the General Laws of 1956 as amended:---

- (1.) Name of Corporation Homemakers-Home Health Aide Services of R.I. Inc.
- (2.) Location of Principal Office in Rhode Island 265 Melrose St., Prov., R.I. (No., Street, City or Town)
- (3.) Names and addresses of all Officers, and Date of Expiration of Term of Office of each:-

OFFICE.	NAME.	ADDRESS.	TERM EXPIRES.
President		Industrial Natl Ba 100 Westminster St Prov., R.I.	5.
	Mr. Joel Tobey	AMICA Mutual Ins.	Co. 1975
	MissWarieLanglois	100 Westminster St	5 .
Secretary	Mrs. Peter Mott	353 Olney St., Prov., R.I.	1974
Asst. Secy.	Mrs. Robert Mostertz		1974

(4.) Date Appointed for Next Annual Meeting of the Corporation 11/21 19.74 I hereby certify the foregoing to be correct:—

FEB 28 197#

478 -2-74 state 1968 (5****10.00

FILED IN THE OFFICE OF THE SECRETARY OF STATE

BIENNIAL REPORT OF NON-BUSINESS CORPORATION.

(FEE FOR FILING, \$5.00)

To be filed in the month of FEBRUARY, of each even year, in the office of the Secretary of State, Providence, by corporations incorporated under the laws of the State of Rhode Island; in accordance with the provisions of § 7-6-14 of Chapter 7-6 of the General Laws of Rhode Island 1956 (Non-Business Corporations). (FEE FOR FILING \$5.00; Maximum penalty for failure to file, \$50, and possible forfeiture of charter.)

The Homemaker-Home Health Aide Services of Rhode Island

a corporation created under the laws of the State of Rhode Island does hereby make the following report, as required by § 7-6-14 of Chapter 7-6 of the General Laws of 1956 as amended:—

- (1.) Name of Corporation Homemaker-Home Health Aide Services of Rhode Island 265 Melrose Street
- (2.) Location of Principal Office in Rhode Island Providence, Rhode Island, 02907 (No., Street, City or Town)
- (3.) Names and addresses of all Officers, and Date of Expiration of Term of Office of each:—

OFFICE. President,	NAME. Mr. Robert E. Hoisi	ADDRESS. Arthur Young & ington, Company	TERM EXPIRES. November, 1972
		830 Industrial Providence, R.	Bldg.
Vice President,	Mrs. Arthur Newman	The Miriam Hosp	oital nue November, 1972
Secretary,	Mrs. Peter Mott,	Island, 02906 353 Olney Stree Providence, R.1 029	et L. November, 1972
Treasurer,	Mr. Gerald Fogarty	Industrial Nati Bank 100 Westminster Providence, Rho Island. 02903	November, 1972 Street

(4.) Date Appointed for Next Annual Meeting of the Corporation Nov. 9, 19.72

I hereby certify the foregoing to be correct:—

(Name) (Designation of Officer Certifying)
Edmond A. Perregaux, Jr.

Executive Director

EEB 7

FILED IN THE OFFICE OF THE SECRETARY OF STATE

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377 19-77 SIAN 377 15**** 10

BIENNIAL REPORT

1970 BIENNIAL REPORT OF NON-BUSINESS CORPORATION.

(FEE FOR FILING, \$5.00)

To be filed in the month of FEBRUARY, of each even year, in the office of the Secretary of State, Providence, by corporations incorporated under the laws of the State of Rhode Island; in accordance with the provisions of § 7-6-14 of Chapter 7-6 of the General Laws of Rhode Island 1956 (Non-Business Corporations). (FEE FOR FILING \$5.00; Maximum penalty for failure to file, \$50, and possible forfeiture of charter.)

The HOMEMAKER-HOME HEALTH AIDE SERVICES OF RHODE ISLAND	
a corporation created under the laws of the State of Rhode Island does hereby make the following report, as required by § 7-6-14 of Chapter 7-6 of the General Laws of 1956 as amended:—	

- (1.) Name of Corporation HOMEMAKER-HOME HEALTH AIDE SERVICES OF RHODE ISLAND
- (2.) Location of Principal Office in Rhode Island 209 Angell St., Providence, R.I.

 (No., Street, City or Town)
- (3.) Names and addresses of all Officers, and Date of Expiration of Term of Office of each:—

	OFFICE.	NAME.	ADDRESS. 209 Angell St.	TERM EXPIRES.
	President	Mrs. Carla M. Dowben	Providence, R. I.	
Vice	President	Barry Vaill	11	Meeting of Directors
Vice	President	Katharine Cutts, M.D.	п	
	Treasurer	Brian Vaill	11	
	Secretary	V. Duncan Johnson	н	
	,,,,,			

(4.) Date Appointed for Next Annual Meeting of the Corporation Nov. 9 19 70

I hereby certify the foregoing to be correct:—

(Name) (Designation of Officer Certifying)

AUG 26-70 STATE 887 BE****5,0"

FILED IN THE OFFICE OF THE SECRETARY OF STATE