



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 974695		2. Exact name of the Corporation Nash Corp.												
3. Principal Office Address 730 Warwick Avenue			City Warwick	State RI	Zip 02888									
4. NAICS Code 62 - Health Care and Social <input checked="" type="checkbox"/>		6. Brief description of the character of business conducted in Rhode Island Home health care services exclusively as a franchisee of Right at Home, Inc.												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Naomi Cotrone			Vice-President Name Asher Fink											
Street Address 730 Warwick Avenue			Street Address 730 Warwick Avenue											
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888									
Secretary Name Naomi Cotrone			Treasurer Name Asher Fink											
Street Address 730 Warwick Avenue			Street Address 730 Warwick Avenue											
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name None			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100	Common	No Par												
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the 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.														
Name of Authorized Representative Naomi Cotrone, President				Date 08/08/17										
Signature of Authorized Representative <i>Naomi Cotrone, President</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

BY

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