



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

Annual Report for the year: **2018**
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 000087483		2. Exact name of the Corporation A Caring Experience Nursing Services, Inc.			
3. Principal Office Address 815 RESERVOIR AVENUE			City CRANSTON	State RI	Zip 02910
4. NAICS Code 623110		6. Brief description of the character of business conducted in Rhode Island To Provide Home Health and Nursing Services			
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 DEAN M. DENUCCIO			Vice-President Name		
Street Address 815 RESERVOIR AVENUE			Street Address		
City CRANSTON	State RI	Zip 02910	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DEAN M. DENUCCIO			Director Name		
Street Address SAME AS ABOVE			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"/>		
			NUMBER OF SHARES 5,000	CLASS/SERIES Common	PAR VALUE No Par Value
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 DEAN M. DENUCCIO				Date 1-1-18	
Signature of Authorized Representative 				SIGN DOCUMENT HERE FILED	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

JAN 02 2018

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