RI SOS Filing Number: 201855765290 Date: 1/5/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

FILED STAMP

JAN 05 2018

BY

1. Entity ID Number	2. Exact name of the Corporation			
56288	Cara, Incorporated			
3. Principal Office Address		City	State	Zip
333 Strawberry Field Road Suite 2		Warwick	RI	02886
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
423450	Sale and distribution of health care products			
5. State of Incorporation				
Rhode Island				

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

President Name: Gary A. O'Leary			Vice-President Name: Kathleen M. O'Leary		
Street Address: 333 Strawberry Field Road Suite 2			Street Address: 333 Strawberry Field Road Suite 2		
City: Warwick	State: RI	Zip: 02886	City: Warwick	State: RI	Zip: 02886
Secretary Name: Gary A. O'Leary			Treasurer Name: Kathleen M. O'Leary		
Street Address: 333 Strawberry Field Road Suite 2			Street Address: 333 Strawberry Field Road Suite 2		
City: Warwick	State: RI	Zip: 02886	City: Warwick	State: RI	Zip: 02886

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

Director Name			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	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	2,668	Common	No Par
Changes require an additional filing.			

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	Date
Gary A. O'Leary	01/02/18

Signature of Authorized Representative: Gary A O'Leary

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 630 - Revised: 10/2017