RI SOS Filing Number: 201864716920 Date: 5/11/2018 4:00:00 PM

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	2. Exact name of the Corporation			
73140	**VNA Technicare, Inc.**			
3. Principal Office Address		City	State	Zip
622 George Washington Highway		**Lincoln**	**RI**	**02865**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
532290	**Sale, lease, and otherwise dealing with durable medical equipment and medical supplies.**			
5. State of Incorporation				
Rhode Island				

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

President Name **Nicholas Dominick, Jr.**			Vice-President Name **None**		
Street Address **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 **593 Eddy Street**			Street Address **593 Eddy Street**		
City **Providence**	State **RI**	Zip **02903**	City **Providence**	State **RI**	Zip **02903**

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

Director Name **Lawrence A. Aubin, Sr.**			Director Name **Timothy J. Babineau, M.D.**		
Street Address **1460 Fall River Avenue**			Street Address **593 Eddy Street**		
City **Seekonk**	State **MA**	Zip **02771**	City **Providence**	State **RI**	Zip **02903**
Director Name **Nicholas Dominick, Jr.**			Director Name **Mary A. Wakefield**		
Street Address **593 Eddy Street**			Street Address **593 Eddy Street**		
City **Providence**	State **RI**	Zip **02903**	City **Providence**	State **RI**	Zip **02903**

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000	**Common**	**$1.00**

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
Paul J. Adler	5/4/2018

Signature of Authorized Representative: Paul J. Adler

SIGN DOCUMENT

FILED

MAY 11 2018

BY 330420

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