



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

STAMP

- 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 73140		2. Exact name of the Corporation VNA Technicare, Inc.												
3. Principal Office Address 622 George Washington Highway			City Lincoln	State RI	Zip 02865									
4. NAICS Code 532290		6. Brief description of the character of business conducted in Rhode Island 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		10. Shares Issued Check the box to indicate an attachment ☐												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">NUMBER OF SHARES</th> <th style="width: 33%;">CLASS/SERIES</th> <th style="width: 33%;">PAR VALUE</th> </tr> <tr> <td style="text-align: center;">1,000</td> <td style="text-align: center;">Common</td> <td style="text-align: center;">\$1.00</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,000	Common	\$1.00			
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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 Paul J. Adler					Date 5/4/2018									
Signature of Authorized Representative 														

SIGN DOCUMENT **FILED**

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

MAY 11 2018

BY **Ch 330420**

FORM 630 - Revised: 10/2017