



RI SOS Filing Number: 201876270940 Date: 8/30/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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CORPORATIONS DIV

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1. Entity ID Number 29024		2. Exact name of the Corporation Lifespan Diversified Services, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Home health care services.			
4. NAICS Code 622110 - General Medical and S					
6. Principal Office Address 167 Point Street		City Providence		State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Timothy J. Babineau, M.D.			Vice-President Name		
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). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Lawrence Aubin, Sr. (Chair)			Director Name Timothy J. Babineau, M.D.		
Street Address Aubin Corporation/1460 Fall River Avenue			Street Address 593 Eddy Street		
City Seekonk	State MA	Zip 02771	City Providence	State RI	Zip 02903
Director Name Alan H. Litwin			Director Name Mary A. Wakefield		
Street Address Kahn, Litwin, Renza & Co. Ltd 951 North Main Street			Street Address 593 Eddy Street		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02903
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee					
Name of Officer/Authorized Representative Paul J. Adler				Date 8/14/18	
Signature of Officer/Authorized Representative <i>Paul J. Adler</i>				SIGN DOCUMENT HERE FILED	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.govAUG 30 2018
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FORM 631 - Revised: 11/2017