| State  | of Rhode Island and Pro<br>Office of the Secreta                            |  | fee: \$50.00 |
|--|---|--|--------------|
|  | Division Of Business<br>148 W. River S<br>Providence RI 029<br>(401) 222-30 | treet<br>04-2615                                 |              |
| HOPE   | (401) 222-30  | +0   |              |
| Business Corporation<br>Annual Report<br>Filing Period: January 1 - March                                      | 1   |  |              |
| In accordance with R.I.G.L. 7-1.2<br>annual report within thirty (30) da<br>(c&d)) is subject to a penalty fee | ys after the time prescribed by l   |  |              |
| ANNUAL REPORT YEAR: 201  | <u>9</u>  |  |              |
| 1. Corporate ID No. 0000   | 32877   |  |              |
| 2. Name of Corporation Com   | nmunity Care Nurses, Inc.   |  |              |
| 3. Street Address Principal Bu   |   |  |              |
| No. and Street: <u>6946 POS</u>  | <u>ST ROAD</u><br><u>KINGSTOWN</u> State                                    | :: <u>RI</u> Zip: <u>02852</u> Country: <u>U</u> | <u>USA</u>   |
| 4. Business Phone No.  |   |  |              |
| <u>4012958862</u>  |   |  |              |
| 5. State of Incorporation  |   |  |              |
| State: <u>RI</u>   |   |  |              |
|  | ARTICLE III   |  |              |
| Enter the six digit NAICS Code the list of codes here. More info   |   | business conducted by the entity. Do online.     | ownload      |
| <u>621610</u>  |   |  |              |
| 6. Brief Description of the Cha  | aracter of Business Conducte  | d in Rhode Island                                |              |
|  |   |  |              |
| LICENSED HOME NURSIN   | G CARE PROVIDER AGE   | <u>NCY</u>                                       |              |
| 7. Names and Addresses of th   | e Officers and Directors:   |  |              |
| All officers and directors m<br>Incorporator is no longer a  |   | or directors have been elected, the              | e title      |
| Title  | Individual Name   | Address  |              |
| PRESIDENT  | First, Middle, Last, Suffix<br>MARY C BENWAY                                | Address, City or Town, State, Zip Code, C        | Country      |
|  |   | RICHMOND, RI 02892 USA                           |              |

| Class of Stock   | Series of Stock   | Par Value Per Share  | Total Authorized<br>Shares<br>Number of Shares | Total Issue<br>and<br>Outstandin<br><i>Num of</i><br><i>Shares</i> |
|--|---|--|--|--|
| STK  |   | \$0.1000   | 8,000.00                                       | 0  |
| Signed this 14 Day of Feb<br>or individuals signing this | •   |  | 0 0  |  |
| 2  | instrument constitute.<br>of perjury, that this in<br>ration, and that the fac<br>iance with R.I. Gen. La | s the affirmation or ac<br>estrument is that indiv<br>ests stated herein are t<br>tws § 7-1.2. | cknowledgement<br>idual's act and d            | of the<br>eed or the   |