



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2019**  
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**

FEB 28 2019

1934

1. Entity ID Number <b>86034</b>		2. Exact name of the Corporation <b>CAPITOL HOME CARE NETWORK, INC.</b>			
3. Principal Office Address <b>400 Reservoir Avenue, Ste 1K</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
4. NAICS Code <b>621610</b>		6. Brief description of the character of business conducted in Rhode Island <b>Providing home health care services, including but not limited to nursing services, home making services, social services, psychological services and case management.</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Robert Haigh</b>			Vice-President Name <b>Mary Benway</b>		
Street Address <b>28 Buena Vista Avenue</b>			Street Address <b>P.O. Box 507</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
Secretary Name <b>Mary Benway</b>			Treasurer Name <b>Nicholas Passarelli</b>		
Street Address <b>P.O. Box 507</b>			Street Address <b>28 Split Creek Court</b>		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Robert Haigh</b>			Director Name <b>Mary Benway</b>		
Street Address <b>28 Buena Vista Avenue</b>			Street Address <b>P.O. Box 507</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
Director Name <b>Nicholas Passarelli</b>			Director Name		
Street Address <b>28 Split Creek Court</b>			Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			<b>300</b>	<b>Common</b>	<b>No</b>
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.					
<b>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.</b>					
Name of Authorized Representative <b>Nicholas Passarelli, Treasurer</b>				Date <b>2/26/19</b>	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

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