RI SOS Filing Number: 201988610560 Date: 3/13/2019 4:00:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019

- → Filing period. January 1 March 1
- → Filing Fee. \$50.00
- → Penalty Additional \$25 00 fee if form is not filed by April 1

FILED	_
MAR 13 2019 BY 1241	<u>o</u> s

[Ta = :	*** ** · · ·					
Entity ID Number	2. Exact name of the Corporation						
001687404 THE CENTER FOR CASE MANAGEMENT, INC							
Principal Office Address			City	Sta	ite Zip		
214 N. MAIN STRE	EET, SUITE	E 207	NATICK MA		A 01760		
4. NAICS Code	Brief description of the character of business conducted in Rhode Island						
541990							
5. State of Incorporation							
MA	SERVICES						
	List ALL officers (names and addresses) Check the box to indicate an attachment						
President Name			Vice-President Name				
r resident ranne			Vice-r resident warne				
Street Address			Street Address				
Onet Address							
City	State	Zip	City	State	Zip		
1 *					· ·		
Secretary Name	<u> </u>	1	Treasurer Name				
Street Address			Street Address				
•							
City	State	Zip	City	State	Zip ,		
8 List ALL directors (names and	addresses)			Check the box to in	dicate an attachment		
			Director Name	 .			
Street Address			Street Address				
City	State	Zıp	City	State	Zıp		
		<u>_</u>					
Director Name Director Name							
Street Address			Street Address				
City	State	Žip	City	State	Zip		
9 Shares Authorized		10. Shares Issued		Check the box to in	dicate an attachment		
This information is currently of record in the NUMBER OF S			HARES CLASS/SERIES PAR VALUE				
Department of State. 100				()			
Changes require an additional	filing.						
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 Old Pate 3/8/2019							
Signature of Authorized Representative							
BONNIE M. GELD							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov