



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.

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SECRETARY OF STATE
CORPORATIONS DIV

2019 MAR 29 AM 9:07

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 <input type="checkbox"/>					
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 <input type="checkbox"/>					
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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		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 3/22/19	
Signature of Authorized Representative 				<div style="font-size: 2em; font-weight: bold; margin: 0;">FILED</div> <div style="margin-top: 10px;">MAR 29 2019</div>	