



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

Annual Report for the year: 2020
 Corporation

DEC 18 2019

BY WAS DS

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <u>001674416</u>		2. Exact name of the Corporation <u>Joy Home Care, Inc.</u>			
3. Principal Office Address <u>1515 Elmwood Ave. Suite 1</u>			City <u>Cranston</u>	State <u>RI</u>	Zip <u>02910</u>
4. NAICS Code <u>621610</u>		6. Brief description of the character of business conducted in Rhode Island <u>Home care Agency</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Elida S. Hernandez</u>			Vice-President Name		
Street Address <u>105 Magnolia St.</u>			Street Address		
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02910</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 <u>800</u>	CLASS/SERIES	PAR VAL UF <u>0</u>
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 <u>Elida S. Hernandez</u>				Date <u>12/13/19</u>	
Signature of Authorized Representative <u>[Signature]</u>				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
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 Website: www.sos.n.gov