



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2020**  
Corporation

→ 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 <b>38135</b>		2. Exact name of the Corporation <b>ASSISTED DAILY LIVING, INC.</b>	
3. Principal Office Address <b>2809 POST ROAD</b>		City <b>WARWICK</b>	State <b>RI</b>
		Zip <b>02886</b>	
4. NAICS Code <b>812990</b>	6. Brief description of the character of business conducted in Rhode Island <b>TO ENGAGE IN THE BUSINESS OF DELIVERY OF HOME CARE SERVICES</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>DEBRA G. COREY</b>		Vice-President Name <b>CHRISTOPHER G. LAWRENCE</b>	
Street Address <b>2809 POST ROAD</b>		Street Address <b>2809 POST ROAD</b>	
City <b>WARWICK</b>	State <b>RI</b>	City <b>WARWICK</b>	State <b>RI</b>
Zip <b>02886</b>		Zip <b>02886</b>	
Secretary Name <b>DEBRA G. COREY</b>		Treasurer Name <b>DEBRA G. COREY</b>	
Street Address <b>2809 POST ROAD</b>		Street Address <b>2809 POST ROAD</b>	
City <b>WARWICK</b>	State <b>RI</b>	City <b>WARWICK</b>	State <b>RI</b>
Zip <b>02886</b>		Zip <b>02886</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>DEBRA G. COREY</b>		Director Name	
Street Address <b>2809 POST ROAD</b>		Street Address	
City <b>WARWICK</b>	State <b>RI</b>	City	State
Zip <b>02886</b>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized <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.		10. Shares Issued	
Changes require an additional filing.		NUMBER OF SHARES	CLASS/STRIKES
		100	COMMON
		NONE	
1. 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 <b>DEBRA G. COREY, PRESIDENT</b>		Date	
Signature of Authorized Representative <i>Debra G. Corey</i>		<b>FILED</b>	
		<b>JAN 31 2020</b>	

MAIL TO:

Division of Business Services

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Phone: (401) 222-3040

Website: www.sos.ri.gov

BY **25687 KM**