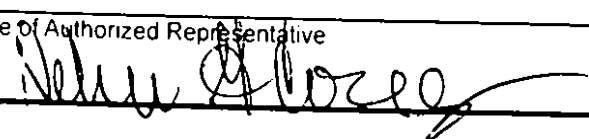




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 38135		2. Exact name of the Corporation ASSISTED DAILY LIVING, INC.			
3. Principal Office Address 2809 POST ROAD		City WARWICK		State RI	Zip 02886
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF DELIVERY OF HOME CARE SERVICES			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name DEBRA G. COREY			Vice-President Name CHRISTOPHER G. LAWRENCE		
Street Address 2809 POST ROAD			Street Address 2809 POST ROAD		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Secretary Name DEBRA G. COREY			Treasurer Name DEBRA G. COREY		
Street Address 2809 POST ROAD			Street Address 2809 POST ROAD		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name DEBRA G. COREY			Director Name		
Street Address 2809 POST ROAD			Street Address		
City WARWICK	State RI	Zip 02886	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.					
10. Shares Issued Check the box to indicate an attachment ☐					
NUMBER OF SHARES		CLASS/STRIKES		PAR VALUE	
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 DEBRA G. COREY, PRESIDENT					Date
Signature of Authorized Representative 					

FILED

JAN 31 2020

1/24/20

BY 25687 KM