



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.

**FILED**

FEB 20 2020

2515

|  |                    |   |   |                          |                     |
|--|--------------------|---|---|--------------------------|---------------------|
| 1. Entity ID Number<br><u>791256</u>   |                    | 2. Exact name of the Corporation<br><u>O'Hara Senior Care Services, INC</u>                                     |   |                          |                     |
| 3. Principal Office Address<br><u>494 Warren Ave</u>   |                    | City<br><u>East Providence</u>  |   | State<br><u>RI</u>       | Zip<br><u>02914</u> |
| 4. NAICS Code<br><u>624100</u>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><u>NON-medical - Senior Care</u> |   |                          |                     |
| 5. State of Incorporation<br><u>Rhode Island</u>   |                    |   |   |                          |                     |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |   |   |                          |                     |
| President Name<br><u>Brendalee O'Hara</u>  |                    |   | Vice-President Name   |                          |                     |
| Street Address<br><u>69 Topsail Dr</u>   |                    |   | Street Address  |                          |                     |
| City<br><u>Tiverton</u>  | State<br><u>RI</u> | Zip<br><u>02878</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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |   |   |                          |                     |
| Director Name<br><u>Brendalee O'Hara</u>   |                    |   | Director Name   |                          |                     |
| Street Address<br><u>69 Topsail Dr</u>   |                    |   | Street Address  |                          |                     |
| City<br><u>Tiverton</u>  | State<br><u>RI</u> | Zip<br><u>02878</u>   | City  | State                    | Zip                 |
| Director Name  |                    |   | Director Name   |                          |                     |
| Street Address   |                    |   | Street Address  |                          |                     |
| City   | State              | Zip   | City  | State                    | Zip                 |
| 9. Shares Authorized<br>This information is currently of record in the Department of State.<br>Changes require an additional filing.   |                    |   | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                          |                     |
|  |                    |   | NUMBER OF SHARES<br><u>0</u>  | CLASS/SERIES             | PAR VALUE           |
|  |                    |   |   |                          |                     |
| 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.<br><b>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.</b> |                    |   |   |                          |                     |
| Name of Authorized Representative<br><u>Brendalee O'Hara</u>   |                    |   |   | Date<br><u>2/10/2020</u> |                     |
| Signature of Authorized Representative<br><u>Brendalee O'Hara</u>  |                    |   |   | SIGN DOCUMENT HERE       |                     |

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.n.gov