



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2020

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 1689791		2. Exact name of the Corporation Compassionate Care, Inc.			
3. Principal office address 21 Balcom Road		City Foster	State RI	Zip 02825	
4. Business Phone No. 401-623-1857		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island Medical Care					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Linda Young			Vice-President Name Linda Young		
Street Address 21 Balcom Road			Street Address 21 Balcom Road		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
Secretary Name Linda Young			Treasurer Name Linda Young		
Street Address 21 Balcom Road			Street Address 21 Balcom Road		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Linda Young			Director Name		
Street Address 21 Balcom Road			Street Address		
City Foster	State RI	Zip 02825	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			NUMBER OF	CLASS/SERIES	PAR VALUE
			2	-	-

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.

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

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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.

[Signature] **2/18/2020**
Signature of Authorized Representative Date

Linda Young
Print or Type Name of Authorized Representative