STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown**, Secretary of State*

Corporations Division
100 North Main Street
Providence RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 Corporate ID No	2 Name of Corporation
32877	Community Care Nurses, Inc.

3 Street Address Principal Business Office	City	State	Zip
6946 Post Road Suite 101	North Kingstown	RI	02852

4 Business Phone No	5 State of Incorporation	6 SIC Code
401 295-8802	RHODE ISLAND	9472

7 Brief Description of the Character of Business Conducted in Rhode Island
LICENSED HOME NURSING CARE PROVIDER AGENCY

8. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Mary C Benway	Mary C Benway
Street Address: 140 Gardiner Road	Street Address: 140 Gardiner Road
City: Richmond State: RI Zip: 02892	City: Richmond State: RI Zip: 02892
Secretary Name	**Treasurer Name**
Mary C Benway	Mary C Benway
Street Address: 140 Gardiner Road	Street Address: 140 Gardiner Road
City: Richmond State: RI Zip: 02892	City: Richmond State: RI Zip: 02892

9. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Mary C Benway	None
Street Address: 140 Gardiner Road	Street Address:
City: Richmond State: RI Zip: 02892	City: State: Zip:
Director Name	**Director Name**
Robert L Benway	None
Street Address: 140 Gardiner Road	Street Address:
City: Richmond State: RI Zip: 02892	City: State: Zip:

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
8,000		$0.10 PAR VALUE	None		

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

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.

Mary C Benway — 2/16/05
Signature of Officer — *Date*

Mary C Benway
Print or Type Name of Officer

President
Title of Officer

File Date	2-18-05
Check No.	6321
By:	KB

FOR SECRETARY OF STATE USE ONLY

[redacted]

Form 630 Rev. 12/03

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown**, Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
32877	Community Care Nurses, Inc.			
3. Street Address Principal Business Office: 35 Belver Ave Rm 113	City: North Kingstown	State: RI	Zip: 02852	
4. Business Phone No.: 401 295 8862	5. State of Incorporation: RHODE ISLAND		6. SIC Code: 9472	

7. Brief Description of the Character of Business Conducted in Rhode Island
LICENSED HOME NURSING CARE PROVIDER AGENCY

8. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Mary C Benway	140 Gardner Rd	Richmond	RI	02892

Vice President Name	Street Address	City	State	Zip
Mary C. Benway	140 Gardner Rd	Richmond	RI	02892

Secretary Name	Street Address	City	State	Zip
Mary C Benway	140 Gardner Rd	Richmond	RI	02892

Treasurer Name	Street Address	City	State	Zip
Mary C Benway	140 Gardner Rd	Richmond	RI	02892

9. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Mary C Benway	140 Gardner Rd	Richmond	RI	02892

Director Name	Street Address	City	State	Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000		$0.10 PAR VALUE

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100		None

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

* 32877 *

File Date 2/20/04

Check No. 5883

By: KS

FOR SECRETARY OF STATE USE ONLY

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.

Mary C Benway — 2/13/04
Signature of Officer — *Date*

Mary C Benway
Print or Type Name of Officer

President
Title of Officer

[redacted]

Form 630 Rev. 12/03

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	*2. Name of Corporation*			
32877	Community Care Nurses, Inc.			
3. Street Address Principal Business Office		*City*	*State*	*Zip*
35 Belver Ave. Rm. 113		North Kingstown	Rhode Island	02852
4. Business Phone No.	*5. State of Incorporation*			*6. SIC Code*
401 295 8862	Rhode Island			9472

7. Brief Description of the Character of Business Conducted in Rhode Island
Licensed Home Nursing Care provider

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name			*Vice President Name*		
Mary C. Benway			Mary C. Benway		
Street Address			*Street Address*		
140 Gardner Rd.			140 Gardner Rd.		
City	*State*	*Zip*	*City*	*State*	*Zip*
Richmond	RI	02892	Richmond	RI	02892
Secretary Name			*Treasurer Name*		
Mary C. Benway			Mary C. Benway		
Street Address			*Street Address*		
140 Gardner Rd.			140 Gardner Rd.		
City	*State*	*Zip*	*City*	*State*	*Zip*
Richmond	RI	02892	Richmond	RI	02892

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name			*Director Name*		
Mary Benway					
Street Address			*Street Address*		
140 Gardner Rd.					
City	*State*	*Zip*	*City*	*State*	*Zip*
Richmond	RI	02892			
Director Name			*Director Name*		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ — **11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐**

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
8000		none	100		none

*This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee*

[redacted] 3 2 8 7 7 [redacted]

File Date	9-2-03
Check No.	5700
By:	a
FOR SECRETARY OF STATE USE ONLY	

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.

Mary C Benway 8/27/03
Signature of Officer *Date*

Mary C. Benway
Print or Type Name of Officer

President
Title of Officer

[redacted]

Form 630 12/01

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No 32877

2. Name of Corporation Community Care Nurses, Inc.

3. Street Address Principal Business Office 35 Belver Ave, Rm 113 *City* N. Kingstown *State* RI *Zip* 02852

4. Business Phone No. (401) 295-8862

5. State of Incorporation RHODE ISLAND

6. SIC Code 9472

7. Brief Description of the Character of Business Conducted in Rhode Island Licensed Home Nursing Care Provider

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Mary C. Benway
Street Address 140 Gardiner RD
City Richmond *State* RI *Zip* 02892

Vice President Name
Street Address
City *State* *Zip*

Secretary Name
Street Address
City *State* *Zip*

Treasurer Name
Street Address
City *State* *Zip*

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Mary C Benway
Street Address 140 Gardiner RD
City Richmond *State* RI *Zip* 02892

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
8,000		$0.10 PAR VALUE

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
- 0 -		

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 3 2 8 7 7 *

File Date: 3-14-02

Check No 5155

By:

FOR SECRETARY OF STATE USE ONLY

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.

Mary C Benway 2/26/02
Signature of Officer *Date*

Mary C Benway
Print or Type Name of Officer

President
Title of Officer

Form 630 12/01

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ
INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: **32877**

2. Name of Corporation: **Community Care Nurses, Inc.**

3. Street Address Principal Business Office: 35 Belver Ave. Rm 113 — City: N. Kingstown — State: RI — Zip: 02852

4. Business Phone No.: (401) 295-8862

5. State of Incorporation: **RHODE ISLAND**

6. SIC Code: **9472**

7. Brief Description of the Character of Business Conducted in Rhode Island: Licensed Home Nursing Care Provider Agency

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: Mary C. Benway
Street Address: 140 Gardner Road
City: Richmond — State: RI — Zip: 02892

Secretary Name: None
Street Address:
City — State — Zip

Vice President Name: None
Street Address:
City — State — Zip

Treasurer Name: Mary C Benway
Street Address: 140 Gardner Road
City: Richmond — State: RI — Zip: 02892

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name: Mary C Benway
Street Address: 140 Gardner Road
City: Richmond — State: RI — Zip: 02892

Director Name: None
Street Address:
City — State — Zip

Director Name: None
Street Address:
City — State — Zip

Director Name: None
Street Address:
City — State — Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
8,000		**$0.10 PAR VAL EACH**

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
None		

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 3 2 8 7 7 *

File Date: 3-16-01

Check No.: 4678

By:

FOR SECRETARY OF STATE USE ONLY

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.

Mary C Benway — 3/10/01
Signature of Officer — *Date*

Mary C. Benway
Print or Type Name of Officer

President
Title of Officer

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ~~2000~~

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
FILL IN & READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 32877 — 2. Name of Corporation: Community Care Nurses, Inc.

3. Street Address Principal Business Office: 35 Belver Ave — City: N. Kingstown — State: RI — Zip: 02852

4. Business Phone No.: (401) 295-8862 — 5. State of Incorporation: RHODE ISLAND — 6. SIC Code: 9472

7. Brief Description of the Character of Business Conducted in Rhode Island: Licensed Home Nursing Care Provider

8. NAMES AND ADDRESSES OF THE OFFICERS (*"X" BOX FOR ATTACHMENT*) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: Mary C Benway
Street Address: 140 Gardiner Rd
City: Richmond — State: RI — Zip: 02892

Vice President Name: Mary C Benway
Street Address: 140 Gardiner Rd
City: Richmond — State: RI — Zip: 02892

Secretary Name: Mary C Benway
Street Address: 140 Gardiner Rd
City: Richmond — State: RI — Zip: 02892

Treasurer Name: Mary C Benway
Street Address: 140 Gardiner Rd
City: Richmond — State: RI — Zip: 02892

9. NAMES AND ADDRESSES OF THE DIRECTORS (*"X" BOX FOR ATTACHMENT*) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name: Mary C Benway
Street Address: 140 Gardiner Rd
City: Richmond — State: RI — Zip: 02892

Director Name
Street Address
City — State — Zip

Director Name
Street Address
City — State — Zip

Director Name
Street Address
City — State — Zip

10. SHARES AUTHORIZED (*"X" BOX FOR ATTACHMENT*)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000		$0.10 PAR VAL EACH

11. SHARES ISSUED (*"X" BOX FOR ATTACHMENT*)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
0		.10 each

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 3 2 8 7 7 *

File Date: 3/9/00

Check No.: 4213

By: JC

FOR SECRETARY OF STATE USE ONLY

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.

Mary C. Benway — 3/1/00
Signature of Officer — *Date*

Mary C. Benway — 3/1/00
Print or Type Name of Officer

President
Title of Officer

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 32877
2. Name of Corporation: Community Care Nurses, Inc.
3. Street Address Principal Business Office: 35 Belver Ave Rm 113 | City: N. Kingstown | State: RI | Zip: 02852
4. Business Phone No.: (401) 295-8862
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 9472
7. Brief Description of the Character of Business Conducted in Rhode Island: RI Licensed Home Nursing Care Provider

8. NAMES AND ADDRESSES OF THE OFFICERS (*"X" BOX FOR ATTACHMENT*) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: Mary C. Benway
Street Address: 140 Gardiner Rd
City: Richmond | State: RI | Zip: 02892

Secretary Name:
Street Address:
City | State | Zip

Vice President Name:
Street Address:
City | State | Zip

Treasurer Name:
Street Address:
City | State | Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*"X" BOX FOR ATTACHMENT*) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name: Mary C Benway
Street Address: 140 Gardiner Rd
City: Richmond | State: RI | Zip: 02892

Director Name:
Street Address:
City | State | Zip

Director Name:
Street Address:
City | State | Zip

Director Name:
Street Address:
City | State | Zip

10. SHARES AUTHORIZED (*"X" BOX FOR ATTACHMENT*)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000		$0.10 PAR VAL EACH

11. SHARES ISSUED (*"X" BOX FOR ATTACHMENT*)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
None		

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 3 2 8 7 7 *

File Date: 04-09-99
Check No.: 3753
By: JD

FOR SECRETARY OF STATE USE ONLY

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.

Mary C. Benway 3/10/99
Signature of Officer — Date

Mary C. Benway
Print or Type Name of Officer

President
Title of Officer

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1 Corporate ID No.	2 Name of Corporation
32877	Community Care Nurses, Inc.

3. Street Address Principal Business Office	City	State	Zip
75 Belver Ave Rm 113	N. Kingstown	RI	02852

4. Business Phone No.	5. State of Incorporation	6 SIC Code
(401) 295-8862	RHODE ISLAND	9472

7 Brief Description of the Character of Business Conducted in Rhode Island

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)*

President Name	Vice President Name
Mary C. Benway	← Same
Street Address: 140 Gardiner Rd	Street Address
City: Richmond State: RI Zip: 02892	City State Zip
Secretary Name	**Treasurer Name**
Same as above	← Same
Street Address	Street Address
City State Zip	City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)*

Director Name	Director Name
Mary C. Benway	
Street Address: 140 Gardiner Rd	Street Address
City: Richmond State: RI Zip: 02892	City State Zip
Director Name	**Director Name**
Same as above	
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000 $0.10 PAR VAL EACH		

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
8,000		$.10 each

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] * 3 2 8 7 7 * [redacted]

File Date: 5-8-98

Check No.: 3253

By: AMF

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Mary C Benway — 3/11/98
Signature of Officer — *Date*

Mary C. Benway
Print or Type Name of Officer

President / Director
Title of Officer

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.
32877

2. Name of Corporation
Community Care Nurses, Inc.

3. Street Address Principal Business Office | *City* | *State* | *Zip*
7 Belver Ave., Rm. 113 | N. Kingstown, R.I. | | 02852

4. Business Phone No.
(401) 295-8862

5. State of Incorporation
RHODE ISLAND

6. SIC Code
9472

7. Brief Description of the Character of Business Conducted in Rhode Island
Licensed Home Nursing Care Provider.

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)*

President Name
Mary C. Benway
Street Address
140 Gardner Rd. Richmond, R.I.
City | *State* | *Zip*
(mail) P.O. Box 507, W. Kingston, R.I., 02892

Vice President Name
None
Street Address
City | *State* | *Zip*

Secretary Name
None
Street Address
City | *State* | *Zip*

Treasurer Name
None
Street Address
City | *State* | *Zip*

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)*

Director Name
Mary C. Benway
Street Address
140 Gardner Rd. Richmond, R.I.
City | *State* | *Zip*
(mail) Box 507 W. Kingston,R.I. 02892

Director Name
None
Street Address

Director Name
None
Street Address

Director Name
None
Street Address

10. SHARES AUTHORIZED AND ISSUED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES 8000

Number of Shares	*Class/Series*	*Par Value*
8,000		**$0.10 PAR VAL EACH**

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
8000		.10 each

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] *328777*

File Date: 4/2/97

Check No.: 2483

By:

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Mary C. Benway 3/1/97
Signature of Officer *Date*

Mary C. Benway
Print or Type Name of Officer

President
Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996

Filing Period: January 1–March 1
Filing Fee: $50.00

State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO.: 32877

2. NAME OF CORPORATION: Community Care Nurses, Inc.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE: 7 Belver Ave.
CITY: N. Kingstown
STATE: R.I.
ZIP CODE: 02852

4. BUSINESS PHONE NO: (401)295-8862

5. STATE OF INCORPORATION: RHODE ISLAND

6. SIC CODE: 9412

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND

Medical staffing and home care services.

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME: Mary C, Benway
STREET ADDRESS: 140 Gardner Rd. Richmond R.I.
CITY / STATE / ZIP CODE: Box. 507 W. Kingston R.I. 02892

VICE PRESIDENT NAME: Same
STREET ADDRESS:
CITY / STATE / ZIP CODE:

SECRETARY NAME: Same
STREET ADDRESS:
CITY / STATE / ZIP CODE:

TREASURER NAME: Same
STREET ADDRESS:
CITY / STATE / ZIP CODE:

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME: Same
STREET ADDRESS:
CITY / STATE / ZIP CODE:

DIRECTOR NAME:
STREET ADDRESS:
CITY / STATE / ZIP CODE:

DIRECTOR NAME:
STREET ADDRESS:
CITY / STATE / ZIP CODE:

DIRECTOR NAME:
STREET ADDRESS:
CITY / STATE / ZIP CODE:

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
8,000	$0.10 PAR VAL EACH		8000	.10 par value each	

This report must be **SIGNED IN INK** by either the
President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Signature of Officer: Mary C Benway

Print or Type Name of Officer: Mary C. Benway

Title of Officer: V.P.

Date: 9/1/96

File Date: 9/20/96

Check No: 1993

By:

For Secretary of State Use Only

State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

ANNUAL REPORT
Please Type or Print
File Annually – Jan. 1 - March 1
Filing Fee $50.00
Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0032877

Annual Report for the year: 1995

Name of Corporation: Community Care Nurses, Inc.

Business entity organized under the laws of the State of: RI

For foreign entity, address and telephone number of principal office:

Business Entity is (check one):
[ ] Business Corporation (See RIGL Chapter 7-1.1)
[X] Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: (401) 295-8862

Brief statement of the character of business conducted in Rhode Island: Licensed Nursing Service Agency providing long term home care Services + Staffing

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
7 Dehyer Blvd Suite 124
Kingstown RI 02892

Phone: (401) 295-8862

THE NAMES OF THE OFFICERS ARE:

PRESIDENT: Mary C. Benway	STREET ADDRESS: 140 Gardner Rd	CITY/STATE: Richmond RI	ZIP CODE: 02892
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE

THE NAMES OF THE DIRECTORS ARE:

NAME: Mary C. Benway	STREET ADDRESS: 140 Gardner Rd.	CITY/STATE: Richmond RI	ZIP CODE: 02892
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
5000	NPV		

Date March 30, 19 95

By: Mary C. Benway

PRINT OR TYPE NAME OF OFFICER SIGNING: Mary C. Benway

TITLE OF OFFICER SIGNING: President

Form 31 1.95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

MARY C. BENWAY
GARDNER ROAD
RICHMOND RI 00000

PAID
JUN 05 1995
SEC'Y OF STATE
CH#2761

Filing Fee $50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT

State of Rhode Island and Providence Plantations

Office of The Secretary of State

100 North Main Street
Providence, Rhode Island 02903-1335
401 277-3040

2584
50 JB

File Annually
LLC Sept. 1 - Nov. 1
CORP Jan. 1 - March 1

Corporate ID: 0052877 Annual Report for the year: 1994

Name of Business Entity: Community Care Nurses, Inc.

Business entity organized under the laws of the State of R.I.

Federal Taxpayer Identification Number [redacted]

For foreign entity, address and telephone number of principal office

Phone: (401 295-8862

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)

7 Belver Ave. Rm 234
North Kingstown,
R.I. 02852
Phone: (401 295-8862

Business Entity is (check one):

[✓] Business Corporation (See RIGL Chapter 7-1.1)
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)
[ ] Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Mary C. Benway
PO Box 507
W. Kingston RI 02892

Brief statement of the character of business conducted in Rhode Island:

Licensed Nursing Service agency. Provides home health care & staffing with RN's, LPN's & Para Professionals

Date of Organization 4/2/85

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
[ ] CHIEF EXECUTIVE OFFICER OR [X] PRESIDENT (Check One)	Mary C. Benway	P.O. Box 507	West Kingston R.I.	02892
[ ] CHIEF OPERATING OFFICER OR [ ] V.C. PRESIDENT (Check One)				
[ ] CUSTODIAN OF RECORDS OR [ ] SECRETARY (Check One)				
[ ] CHIEF FINANCIAL OFFICER OR [ ] TREASURER (Check One)				

THE NAMES OF THE DIRECTORS ARE:

	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
	Mary C. Benway	P.O. Box 507	West Kingston R.I.	02892

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 8000
CLASS
SERIES
PAR VALUE OR WITHOUT PAR ~~all~~ $.10

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER [redacted] $.10
CLASS
SERIES
PAR VALUE OR WITHOUT PAR

Date Feb 16 1994

By Mary C. Benway
Mary C. Benway
PRINT OR TYPE NAME OF OFFICER SIGNING
President
TITLE OF OFFICER SIGNING

Form 3: 1/94

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

MARY C BENWAY
GARDNER ROAD
RICHMOND RI 00000

FILED
APR 15 1994
By

P.O.)
Filing Fee $~~15.00~~

2/13

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....0032877..... Annual Report for the year.....1993.....

FIRST: The name of the corporation is.....Community Care Nurses, Inc.....

.....

SECOND: It is incorporated under the laws of.....Rhode Island.....

THIRD: Character of business, briefly stated, is.....Nursing service agency.....

.....

FOURTH: If foreign corporation, address of its principal office.....

.....

FIFTH: Business address in Rhode Island.....7 Belver Ave., Rm. 234, North.....

Kingstown, R.I. 02852

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Mary C. Benway	Director	140 Gardner Rd., Richmond, R.I.
" "	Director	" " "
" "	Director	" " "
" "	President	" " "
" "	Vice President	" " "
" "	Secretary	" " "
" "	Treasurer	" " "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8000			no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8000			no par value

COMMUNITY CARE NURSES, INC.
P.O. BOX 870
WEST KINGSTON, R.I. 02892

Dated November 19 19 93

.....
(Name of Corporation)

By Mary C. Benway

Title President

(Report must be signed by an officer)

To be filed annually between January 1st and March 1st

Filing Fee $15.00

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID ~~05-0410613~~ 32877 Annual Report for the year 1992

FIRST: The name of the corporation is Community Care Nurses, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Home health care and temporary staffing

FOURTH: If foreign corporation, address of its principal office NA

FIFTH: Business address in Rhode Island P.O. Box 670 West Kingston, R.I.
7 Belver Ave., North Kingstown, R.I.

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Mary C. Benway	Director	140 Gardiner Rd. Richmond, R.I.
" "	Director	" " "
" "	President	" " "
" "	Vice President	" " "
" "	Secretary	" " "
" "	Treasurer	" " "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8000			No par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8000			No par value

Rec'd & Filed JUN 25 1992

8/18/58 #9

Dated March 1st 19 92

COMMUNITY CARE NURSES, INC
P.O. BOX 670
WEST KINGSTON, R.I. 02892
(Name of Corporation)

By Mary C. Benway

Title President

(must be signed by an officer)

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID ~~05-0410613~~ 32877 Annual Report for the year 1991

FIRST: The name of the corporation is Community Care Nurses, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Home Health Care and temporary staffing

FOURTH: If foreign corporation, address of its principal office 7 Belver Ave., North Kingstown, Rhode Island

FIFTH: Business address in Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Mary C. Benway	Director	140 Gardiner Rd. Richmond, R.I.
" "	Director	" " "
	Director	
" "	President	" " "
	Vice President	
" "	Secretary	" " "
" "	Treasurer	" " "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8000			No per value

Rec'd & Filed JUN 25 1992

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8000			No par value

Dated March 1st 19 91

COMMUNITY CARE NURSES, INC
P.O. BOX 670
WEST KINGSTON, R.I. 02892
(Name of Corporation)

By Mary C. Benway

Title President

(Report must be signed by an officer)

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0002877 Annual Report for the year 1990

FIRST: The name of the corporation is Community Care Nurses, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Temporary nursing placement agency

FOURTH: If foreign corporation, address of its principal office NA

FIFTH: Business address in Rhode Island 7 Belver Ave. North Kingstown, R.I. 02852

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Mary C. Benway	Director	PO Box 507 West Kingston, R.I. 02892
	Director	
	Director	
Mary C. Benway	President	PO Box 507 West Kingston, R.I. 02892
	Vice President	
Mary C. Benway	Secretary	PO Box 507 West Kingston, R.I. 02892
Mary C. Benway	Treasurer	PO Box 507 West Kingston, R.I. 02892

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8000			

PAID
FEB 15 1990
SECY. OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100			

Dated February 5 19 90

Community Care Nurses, Inc.
(Name of Corporation)

By Mary C. Benway Mary C. Benway

(Report must be signed by an officer)

Title President

Form 31 1/85

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 003287 Annual Report for the year 1989

FIRST: The name of the corporation is Community Care Nurses, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Placement of nurses and health care personnel in health care facilities and private homes

FOURTH: If foreign corporation, address of its principal office NA

FIFTH: Business address in Rhode Island PO Box 670 West Kingston, RI 02892

(physical location) 7 Belver Ave, N. Kingstown, RI 02852

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Mary C. Benway	Director	PO Box 507 West Kingston, RI 02892
"	Director	" "
	Director	
Mary C. Benway	President	PO Box 507 West Kingston, RI 02892
	Vice President	
"	Secretary	" "
"	Treasurer	" "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8000			no par value

PAID
JUN 15 1989
SEC'Y OF ST

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
none	NA	NA	NA

Dated May 11 19 89

Community Care Nurses, Inc
(Name of Corporation)

By Mary C. Benway

Title President

(Report must be signed by an officer)

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0032877 Annual Report for the year 1988

FIRST: The name of the corporation is

Community Care Nurses, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Placement of nurses and health care personnel in health care facilities and private homes

FOURTH: If foreign corporation, address of its principal office NA

FIFTH: Business address in Rhode Island PO Box 670 West Kingston, RI 02892

(physical address) 7 Belver Ave., N. Kingstown, RI 02852

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Mary C. Benway	Director	PO Box 507 West Kingston RI 02892
"	Director	" "
	Director	
Mary C. Benway	President	PO Box 507 West Kingston, RI 02892
	Vice President	
"	Secretary	" "
"	Treasurer	" "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8000			no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
none	NA	NA	NA

Dated May 18 19 84

Community Care Nurses, Inc.
(Name of Corporation)

By Mary C. Benway

Title President

(Report must be signed by an officer)

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 32877 Annual Report for the year 1987

FIRST: The name of the corporation is Community Care Nurses, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Nursing personnel

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 7 Belver Ave N. Kingstown RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Mary C. Benway	Director	Po Box 507 No. Kingstown RI 02852
	Director	
	Director	
Mary C. Benway	President	Po Box 507 No. Kingstown RI 02852
	Vice President	
	Secretary	
	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
5000			without par value

EIGHTH: Number of Shares issued: PAID

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	FEB 16 1987		without par value

SECY OF STATE

MAY 11 1987

Dated Feb 9 19 87

Community Care Nurses, Inc.
(Name of Corporation)

By Mary C. Benway

Title President

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 32877 Annual Report for the year 1986

FIRST: The name of the corporation is Community Care Nurses, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Provision of home care of clients with skilled and unskilled needs (requiring either licensed or unlicensed personnel)

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 7 Belver Ave, N. Kingstown 02852
Mailing: Po Box 670 W. Kingston RI 02892

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Mary C. Benway	Director	Po Box 507 West Kingston, RI, 02892 (Gardner Rd. Richmond RI)
	Director	
	Director	
Mary C. Benway	President	" " " " "
	Vice President	
	Secretary	
	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8000			

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

Dated 1/15/86 19

Community Care Nurses Inc
(Name of Corporation)

By Mary C. Benway

[redacted] be signed by an officer)

Title President