

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

2005

1. Corporate ID No. 87483		2. Name of Corporation A Caring Experience Nursing Services, Inc.			
3. Street Address Principal Business Office 21 Douglas Avenue			City Providence	State R.I.	Zip 02908
4. Business Phone No. 401-453-4545		5. State of Incorporation RHODE ISLAND			6. SIC Code 9472
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE HOME HEALTH AND NURSING SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DEAN MICHAEL DENUCCIO			Vice President Name		
Street Address 21 DOULAS AVENUE			Street Address		
City PROVIDENCE	State RI	Zip 02908	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name DEAN MICHAEL DENUCCIO			Director Name		
Street Address 21 DOUGLAS AVENUE			Street Address		
City PROVIDENCE	State RI	Zip 02908	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares 5,000 NO PAR VALUE	Class Series	Par Value NO Par	Number of Shares 5000	Class/Series	Par Value no par

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



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. 87483		2. Name of Corporation A Caring Experience Nursing Services, Inc.			
3. Street Address Principal Business Office 21 Douglas Ave		City Providence		State RI	Zip 02908
4. Business Phone No 401 453-4545		5. State of Incorporation RHODE ISLAND			6. SIC Code 9472
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE HOME HEALTH AND NURSING SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DAN M. DEWUCCIO			Vice President Name SAME		
Street Address 21 Douglas Ave			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name DAN M. DEWUCCIO			Director Name		
Street Address 21 Douglas Ave			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
Director Name ANTHONY SPORADU			Director Name		
Street Address 222 RICHMOND ST			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
5,000 NO PAR VALUE	-	NO PAR	5000	-	NO PAR

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



* 8 7 4 8 3 *

File Date 1-16-04
Check No. 056759
By: [Signature]

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.

[Signature]
Signature of Officer
D.M. DEWUCCIO
Print or Type Name of Officer
President
Title of Officer



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 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **87483** 2. Name of Corporation **A Caring Experience Nursing Services, Inc.**
3. Street Address Principal Business Office **21 DOUGLAS AVE.** City **PROVIDENCE** State **RI** Zip **02908**
4. Business Phone No. **401-453-4545** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9472**

7. Brief Description of the Character of Business Conducted in Rhode Island
PROVIDES TEMPORARY HEALTHCARE SERVICES

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

President Name DEAN MICHAEL DE NUCCIO	Vice President Name
Street Address 21 DOUGLAS AVE.	Street Address
City PROVIDENCE State RI Zip 02908	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

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

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
5,000 NO PAR VALUE	-	NO PAR

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
		NO PAR

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



* 8 7 4 8 3 *

File Date: 3.27.03

Check No. 51638

By: MD

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.

MD Signature of Officer Date 2-18-03

PRESIDENT Print or Type Name of Officer

Title of Officer



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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **87483** 2. Name of Corporation **A Caring Experience Nursing Services, Inc.**
3. Street Address Principal Business Office **21 DOUGLAS AVENUE** City **PROVIDENCE** State **RI** Zip **02908**
4. Business Phone No. **401-453-4545** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9472**

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

HEALTHCARE

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

President Name DEAN MICHAEL DE NUCCIO	Vice President Name
Street Address 21 DOUGLAS AVENUE	Street Address
City PROVIDENCE State RI Zip 02908	City State Zip
Secretary Name N/A	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

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

Director Name N/A	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
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
5,000 NO PAR VALUE		

NO PAR

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
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5000

NO PAR

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



* 8 7 4 8 3 *

File Date **2-6-02**

Check No. **46479**

By: **[Signature]**

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.

Signature of Officer **[Signature]** Date **2/4/02**

Print or Type Name of Officer **DEAN MICHAEL DE NUCCIO**

Title of Officer **PRESIDENT**



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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **87483** 2. Name of Corporation **A Caring Experience Nursing Services, Inc.**
3. Street Address Principal Business Office **21 DOUGLAS AVENUE** City **PROVIDENCE** State **RI** Zip **02908**
4. Business Phone No. **401-453-4545** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9472**

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

HEALTH CARE

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

President Name DEAN MICHAEL DENUCCIO	Vice President Name
Street Address 21 DOUGLAS AVENUE	Street Address
City PROVIDENCE State RI Zip 02908	City State Zip
Secretary Name N/A	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

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

Director Name N/A	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
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
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5,000 SHS NO PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
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5000 SHS **NO PAR**

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



* 8 7 4 8 3 *

File Date: **1/17**

Check No.: **38631**

By: **2**

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

DEAN M. DENUCCIO **1-5-01**
Signature of Officer Date

DEAN M. DENUCCIO
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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **87483** 2. Name of Corporation **A Caring Experience Nursing Services, Inc.**
3. Street Address Principal Business Office **21 DOUGLAS AVENUE** City **PROVIDENCE** State **R.I.** Zip **02908**
4. Business Phone No. **401-453-4545** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9472**

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

NURSING TEMP AGENCY ALSO PROVIDE HOME HEALTH CARE

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

President Name DEAN DENUCCIO Street Address 21 DOUGLAS AVE City PROVIDENCE State R.I. Zip 02908 Secretary Name N/A Street Address City State Zip	Vice President Name Street Address City State Zip Treasurer Name Street Address City State Zip
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9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name N/A Street Address City State Zip	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

5,000 SHS NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value

5000 SHARES

NO PAR

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



* 8 7 4 8 3 *

File Date: **1/4/00**

Check No.:

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.

Signature of Officer **Dean Denuccio** Date **12-21-99**

Print or Type Name of Officer **DEAN DENUCCIO**

Title of Officer **PRESIDENT**

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 87483		2. Name of Corporation A Caring Experience Nursing Services, Inc.			
3. Street Address Principal Business Office 21 Douglas Ave		City Providence	State RI		
4. Business Phone No. 401 453-4545		6. SIC Code 9472			
5. State of Incorporation RHODE ISLAND		7. Brief Description of the Character of Business Conducted in Rhode Island Provides medical services personnel			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Dean M. DeNuccio		Vice President Name			
Street Address 21 Douglas Ave		Street Address			
City Providence	State RI	City	State		
Zip 02908		Zip			
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	City	State		
Zip		Zip			
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Dean M. DeNuccio		Director Name			
Street Address 21 Douglas Ave		Street Address			
City Providence	State RI	City	State		
Zip 02908		Zip			
Director Name		Director Name			
Street Address		Street Address			
City	State	City	State		
Zip		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
5,000 SHS NO PAR VALUE			5000 SHS NO PAR VALUE		

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



* 8 7 4 8 3 *

File Date: **1/13/99**

Check No.: **1970**

By: **GMA / ce**

FOR SECRET. ... 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.

Signature of Officer: **[Signature]** Date: **12/29/98**

Print or Type Name of Officer: **D. M. DeNuccio**

Title of Officer: **[Signature]**



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

REC 17 1997

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. **87483** 2. Name of Corporation **A Caring Experience Nursing Services, Inc.**
3. Street Address Principal Business Office **21 Douglas Ave.** City **Providence** State **R-I** Zip **02908**
4. Business Phone No. **401-453 4545** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **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 Dean De Nuccio	Vice President Name
Street Address 21 Douglas Ave.	Street Address
City Providence State RI Zip 02908	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

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

Director Name Dean De Nuccio	Director Name
Street Address 21 Douglas Ave.	Street Address
City Providence State RI Zip 02908	City State Zip
Director Name	Director Name
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
5,000 SHS NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
0 - 5000

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



* 8 7 4 8 3 *

File Date: **3.2.98**
1588
Check No.: **100**
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.

D. M. De Nuccio **11/2/97**
Signature of Officer Date
Dean M. De Nuccio
Print or Type Name of Officer
President
Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996



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

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

PLEASE TYPE OR PRINT IN BLACK INK.

1 CORPORATE ID NO 0087483
2 NAME OF CORPORATION mercury medical nursing services, INC
3 STREET ADDRESS PRINCIPAL BUSINESS OFFICE 649 JEFFERSON BLVD
CITY WARWICK STATE RI ZIP CODE 02886
4 BUSINESS PHONE NO (401) 732-1170
5 STATE OF INCORPORATION RI
6 SIC CODE 9172
7 BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Home HEALTH CARE / STAFFED

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME	VICE PRESIDENT NAME
DEAN M. BERNARDI	DEAN M. BERNARDI
STREET ADDRESS	STREET ADDRESS
649 JEFFERSON BLVD	649 JEFFERSON BLVD
CITY	CITY
WARWICK	WARWICK
STATE	STATE
RI	RI
ZIP CODE	ZIP CODE
02886	02886
SECRETARY NAME	TREASURER NAME
STREET ADDRESS	STREET ADDRESS
CITY	CITY
STATE	STATE
ZIP CODE	ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS

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

10. SHARES AUTHORIZED AND ISSUED

NUMBER OF SHARES	AUTHORIZED SHARES	PAR VALUE	NUMBER OF SHARES	ISSUED SHARES	PAR VALUE
	CLASS / SERIES			CLASS / SERIES	
5000	-	NONE	-0	-	NONE

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.

File Date: 6/11/94

Check No:

By:

For Secretary of State Use Only

Signature of Officer

Print or Type Name of Officer

Title of Officer

Date