

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 BIACK) L. Corporate ID No. 2. Name of Corporation 87483 A Caring Experience Nursing Services, Inc. 3 Street Address Principal Business Office 8290S 5 State of Incorporation 9472 RHODE ISLAND 7 Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE: HOME HEALTH AND NURSING SERVICES. FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) President Name DEAN MICHAEL DENUCCIO Street Address Street Address State Treasurer Name Street Address Street Address ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Director Name MICHAEL DENUCCIO Street Address Street Address Street Address State Z/p City Z.ip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Par Value Number of Shares Number of Shares Class/Series Par Value NO Par 5,000 NO PAR VALUE 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. DFANM. DENUCCIO Print or Type Name of Officer FOR SECRETARY OF STATE USE ONLY



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

Matthew A. Brown, Secretary of State

| Millibeto A. Bi | rinein, secretary of s | iaie | | | 101.222.5010 | |
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| PROFIT CORPOR | ATION ANN | UAL REPORT | FOR THE YEAR | 2004 | | |
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| . Corporate ID No. | 2. Name of Corporation | | <u></u> | | | |
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| Street Address Principal Business Of | fice | | Citro | State | Ζφ | |
| 21 DOUGLAS 1 | AVC | | Provi Sonce | 12 | C23908 | |
| . Business Phone No | | 5. State of Incorporation | - | | 6 SIC Code | |
| 401 453-45 | -45- | RHODE ISLAND | | | 9472 | |
| Brief Description of the Character of TO PROVIDE HOME HE | Business Conducted in R | hode Island | - | | | |
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| di Douglis PU | <u>e</u> | 12/4 | : City | State | Zip | |
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| PIZOV) INPNO P Porčiary Name | | 1C.t | Treasurer Name | I | | |
| CAM | e | | SAME | | | |
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| Director Name | , | | Director Name | | | |
| DPAN M. Deh | 14800 | <u> </u> | <u> </u> | | | |
| ireet Address | _ | | Street Address | | | |
| 21 DOUBLAS A | re | T | <u>: </u> | | | |
| On a day | State | 2(p | City | State | Ζφ | |
| Provisence | 1. 12. | 1 02908 | * ************************************ | .1 | L | |
| Director Name Out Dk 1. Co. 1 | ול מ מ | | Director Name | | | |
| | 2PD | | Street Address | | | |
| 222 RicHmoND ST | | | Sirect Adures | | | |
| Grant Control of the | State | Z(p | City | State | Zip | |
| PROUDENCE | 27 | 02903 | | | | |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) [11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) | | | | ·ντ) 🗀 | | |
| UTHORIZED SHARES | | | ISSUED SHARES | | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value | |
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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| Under penalty of perjury, I declare and affirm including any accompanying schedules and scontained herein are true and correct. | |
|---|------|
| ignature of Officer | Date |
| S.M. DEWNELD | |
| Print or Type Name of Officer | • |
| President | |
| Title of Officer | |

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

STOP PELASI, READ ESSTRUCTIONS

FORM MUST BE TYPED OR PRINTED IN BLACKS 1 Corporate ID No. 2. Name of Corporation 87483 A Caring Experience Nursing Services, Inc. PROVIDENCE 2908 3. Street Address Principal Business Office 21 DOUGLAS AVE. 6. SIC Code 4. Business Phone No. 5. State of Incorporation 401-453-4545 9472 **RHODE ISLAND** 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 Vice President Name DEAN MICHAEL DE NUCCIO Street Address Street Address 21 DOUGLAS PROVIDENCE RI Zip Secretary Name Street Address Street Address City Zip Zip State City State 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 State Zip State Zip City City Director Name Director Name Street Address Street Address State Zip Zip City State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Number of Shares Class/Series 5.000 NO PAR VALUE 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 * |
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| File Date: | 3.27.03 |
| Check No. | <u>S1438</u> |
| Bv: | <u> </u> |
| FOR SECRETAR' | Y OF STATE USE ONLY |



Form 630 12/02

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

STOP PLEASE READ INSTRUCTIONS

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 87483 A Caring Experience Nursing Services, Inc. 3 Street Address Principal Business Office PROVIDENCE 21 DOUGLAS AVENUE 5 State of Incorporation 6. SIC Code 401-453-4545 9472 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Bhode Island HEALTHCARE 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Nume DEAN MICHAEL DE NUCCIO Street Address 21 DOUGLAS AVENUE Zip
PROVIDENCE RI State Treasurer Name Street Address Street Address City State Zip9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Street Address Street Address City State Director Name Street Address Street Address City State State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Senes Number of Shares Class/Series 5,000 NO PAR VALUE NO PAR

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



| File Date | 2-60 |
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| Check No : . | 464.79 |
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| FOR SECRETARY O | F STATE USE ONLY |



(FORM MUST BE TYPED IN BLACK)

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



2. Name of Curporation

87483

A Caring Experience Nursing Services, Inc.

3. Street Address Principal Business Office

2. DOUGLAS AVENUE

PROVIDENCE

PROVIDENCE

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)

President Name

DEAN MICHAEL DENUCCIO

Street Address

2. DOUGLAS AVENUE

City

State

PROVIDENCE

State

Treasurer Name

State

President Name

State

Providence

State

Providence

State

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Providence

State

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| City | State | Zip | City | State | Zip |
|---------------------|------------|--------------------|----------------------------|---------------------------------|----------|
| 9. NAMES AND ADDRES | SES OF THE | DIRECTORS ("x" BOX | FOR ATTACHMENT) Director N | FILL IN SPACES BEFORE USING ATT | ACHMENTS |

Street Address

Street Address

City: State Zip City: State Zip Director Name

Director Name

Street Address

State Zip State Zip

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 Number of Shares

Class/Series

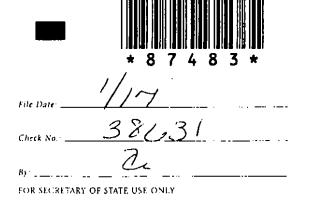
Number of Shares Class/Series Par Value

5000 3 Ans 40 800 No Page

5,000 SHS NO PAR VALUE

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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



21 DOUGLAS AVENUE

401-453-4545 RHO
7. Brief Description of the Character of Business Conducted in Rhode Island

DEAN DENUCCIO

FOR SECRETARY OF STATE USE ONLY

(FORM MUST BE TYPED IN BLACK)

87483

3. Street Address Principal Business Office

1. Corporate ID No.

4. Business Phone No.

President Name

Street Address

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

6. SIC Code

9472

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

A Caring Experience Nursing Services, Inc.

5. State of Incorporation

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

PROVIDENCE

PRESIDENT.

Vice President Name

Street Address

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

2. Name of Corporation

| J I Q _{uis} PROV | DOU GLAS AVE IDENCE R. I | = : 02908 | City | State | Zip |
|------------------------------|--|-------------------------|--|-----------------------------|-------------------------------------|
| Secretary Name | | | Treasurer Name | | |
| Street Address | A | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. NAMES A | ND ADDRESSES OF THE DI | RECTORS ("X" BOX FOR A | TTACHMENT) FILL IN SPA Director Name | CES BEFORE USING AT | TACHMENTS |
| Street Address | 4 | | Street Address | | |
| City | State | Zip | Crry | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 10. SHARES | AU ^t thorized (*x* box for a) es | TTACHMENT) | 11. SHARES ISSUED | ("X" BOX FOR ATTACHMEN | VT) |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
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| This report r | nust be signed in ink by ei | ther the President, Vic | e President, Secret <mark>ary,</mark> As | ssistant Secretary, Trea | surer, Receiver or Trustee |
| | * 8 7 4 8 3 | * | | perjury, I declare and affi | rm that I have examined hedules and |
| File Date: | | <u> </u> | that all statement | s contained herein are tru | 12-21-99 Date |
| Check No.: | · · | | DEAN | DENUCCIO_ | |

| 401-222-3040 |
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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

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INSTRUCTIONS

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| I. Corporate ID No. | 2. Name of Corpor | | | - | | |
| 87483 | _ | xperience Nursing Serv | rices, inc. | | | |
| 3. Street Address Principal Busine _ \(\lambda \) | | | City | State | Zip | |
| 2.1 Doug/As 1 4. Business Phone No. | Ave | <u>.</u> | Prawsence | RE | a2908 | P |
| | _ | 5. State of Incorporation | | | 6. SIC Code | |
| 401 453-49 | 545 | RHODE ISLAND | | | 9472 | _ |
| 7. Brief Description of the Charac | | | | | | |
| Filand my Ma | edical stra | CES PELSUNNOM ICERS ("X" BOX FOR ATTACHA | tourn . FILL IN CD LOEC | necone licitio i we | ~ | - · |
| O. NAMES AND ADDRI President Name | ESSES OF THE OFF | ICERS LAS BOX FOR ATTACHE | Vice President Name | BEFURE USING ATTA | CHWEN 12 | , |
| _ | O later A A . | | | | | |
| DEAW M. DO SUCCE AddICESS 31) ONS/AS A | 701166 | | Street Address | | | |
| 21 Douclas A | ve. | | | | | |
| Çity | State | Zip | City | State | ZIp | • |
| Prandence | Ri | 02908 | | | ı | |
| Secretary Name | , – | • | Treasurer Name | • • | • • • • • • • | ***** |
| | • | | | | | |
| Street Address | | | Street Address | | • | |
| | | | | | _ | |
| City | State | Zip | City | State | Zip | · |
| Dean M. De. Street Address 21 Dougnas A | Nuc Ci D | | Street Address | State | 710. | - |
| Da. 1. 140 | D = | 21p | City | State | ZIP | |
| Director Name | . 14 | 02700 | Director Name | | · · · · · · · · · · · · · · · · · · · | •••••• |
| proceed frame | | | Director some | | | |
| Street Address | | | Street Address | | | - |
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| City | State | ZIp | City | State | Zip | - |
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| 10. SHARES AUTHORIZ AUTHORIZED SHARES | ED (*X* BOX FOR AT | TACHMENT) | 11. SHARES ISSUED (* | "X" BOX FOR ATTACHME | NT) | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value | |
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| This report must be slu | ned in ink by eit | her the President, Vice Pr | esident, Secretary, Assi | stant Secretary. Trea | surer. Receiver c | or Trustei |
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| File Date: | TATE 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.

ignature of Officer Date

Print or Type Name of Officer

Title of Officer



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

DEC 1.7 (J97)

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 87483 A Caring Experience Nursing Services, Inc. 3. Street Address Principal Business Office 21 Pouglas Ave. S. State of Incorporation **RHODE ISLAND** 901-453 4545 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 Dean Ve Nuccro Street Address 21 Douglas Ave.

Providence RI 0290 City State . Zip Secretary Name Treasurer Name Street Address Street Address City Zip City State ZIP 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name 21 Dougla Ave. Street Address City State Zip 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 Number of Shares Par Value Class/Series Par Value 5,000 SHS NO PAR VALUE 0-5000

| l'his report must be signed in ink by either the President, N | Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Truste |
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| * 8 7 4 8 3 * | Under penalty of perjury, I declare and affirm that I have examined |
| File Date: 3.0.98 | this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. 1/2/37 |
| Check No.: | Signature of Officer Date Date Print or Type Name of Officer |
| FOR SECRETARY OF STATE USE ONLY | The of Officer |

PROFIT CORPORATON ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State

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

Filing Period: January 1-March 1

Filing Fee: \$50.00

Corporations Division

| _ | | PLEASE TYPE O | R PRINT IN BLACK INK. | | |
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| CORPORATE CO NO | 2 NAME OF CORPORATION | | | | |
| COST483 STREET ADDRESS PRINCIPAL BUSINES | Mencury SS OFF DE | medical | N'INS, B | S epuices Inc | ZIP CODE |
| 49 Je/4Fe | 40N 13/1 | S STATE OF INCORPORATION | WARNIEM | RE | 01376 6 SIC COOL 9472 |
| BUSINESS PHONE NO (YO) PRINEF DESCRIPTION OF THE CHARACT | / // ER OF BUS NESS COMODICTED IN RH | 1725 1906 IS-AND | | • | 9-172 |
| Hime Hell | UTH CARE/- | 570/-1.18 | | | |
| | 8. NAMES | AND ADDRES | | OFFICERS | |
| PRESIDENT NAME SEAN M. SC STREET ADDRESS LY 49 JEST-FOR THE WARW.CM | Nuccio | | VICE PRESIDENT NAME APPLICATION OF THE PROPERTY OF THE PROPER | DeNuceo | |
| 1049 TEFFE | STATE STUD | ZIP CCDE | 649 Je14 | BENUCE'S FERSON ISWA STATE RE | ZIP CODE |
| WARW, CM SECRETARY NAME | RE | 03886 | CV H.C.W. C/C TREASURER NAME | RE | 02586 |
| SZRET ADDRESS | - | | STREET ADDRESS | | |
| CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE |
| DIRECTOR NAME | 9. NAMES | AND ADDRES | S E S O F T H E D.RECTCR NAME | DIRECTORS | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY | STATE | ZIP CODE | CITY | STATE | ZIP COCE |
| D-RECTOR NAME | | | DIRECTOR NAME | | |
| STREET ACCRESS | | | STREET ADDRESS | | |
| CITY | STATE | ZIP CODE | C!TY | STATE | Z P CODE |
| | 1 O. S | HARES AUTH | ORIZED AND | \$ 3 U E D | |
| NUMBER OF SHARES | AUTHORIZED SHARES Class/Seq.es | PAR VALUE | NUMBER OF SHARES | ISSUED SHARES CLASS / SERIES | PAR VALUE |
| 5000 | _ | MONE | -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: 4 11 94

Check No:

By: M059 11,000 3

For Secretary of State Use Only

Signature of Officer

Print or Type Name of Officer

Title of Officer

Date