



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 IN BLACK)

1. Corporate ID No. 63085	2. Name of Corporation Phenix Home Care & Nursing Service, Inc.		
3. Street Address Principal Business Office 227 PHENIX AVENUE	City CRANSTON	State RI	Zip 02921
4. Business Phone No. 4019436230	5. State of Incorporation RHODE ISLAND	6. SIC Code 9472	

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

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

President Name NICHOLAS PASSARELLI, JR.	Vice President Name NICHOLAS PASSARELLI, JR.				
Street Address 227 PHENIX AVENUE	Street Address 227 PHENIX AVENUE				
City CRANSTON	City CRANSTON	State RI	State RI	Zip 02921	Zip 02921
Secretary Name NICHOLAS PASSARELLI, JR.	Treasurer Name NICHOLAS PASSARELLI, JR.				
Street Address 227 PHENIX AVENUE	Street Address 227 PHENIX AVENUE				
City CRANSTON	City CRANSTON	State RI	State RI	Zip 02921	Zip 02921

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

Director Name NICHOLAS PASSARELLI, JR.	Director Name				
Street Address 227 PHENIX AVENUE	Street Address				
City CRANSTON	City	State RI	State	Zip 02921	Zip
Director Name	Director Name				
Street Address	Street Address				
City	City	State	State	Zip	Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100 SHARES	COMMON	NO PAR

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



6 3 0 8 5

63085 DBC 01/11/05 01:29:17 PM

File Date 2/15/05

Check No. 3227

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

Date

NICHOLAS PASSARELLI, JR.

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

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 IN BLACK)

1. Corporate ID No. 63085
2. Name of Corporation Phenix Home Care & Nursing Service, Inc.
3. Street Address Principal Business Office 227 PHENIX AVENUE City CRANSTON State RI Zip 02921
4. Business Phone No. 4019436230 5. State of Incorporation RHODE ISLAND 6. SIC Code 9472
7. Brief Description of the Character of Business Conducted in Rhode Island HOME CARE NURSING

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

President Name NICHOLAS PASSARELLI, JR.
Vice President Name NICHOLAS PASSARELLI, JR.
Street Address 227 PHENIX AVENUE
City CRANSTON State RI Zip 02921
Secretary Name NICHOLAS PASSARELLI, JR.
Street Address 227 PHENIX AVENUE
City CRANSTON State RI Zip 02921
Treasurer Name NICHOLAS PASSARELLI, JR.
Street Address 227 PHENIX AVENUE
City CRANSTON State RI Zip 02921

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

Director Name NICHOLAS PASSARELLI, JR.
Street Address 227 PHENIX AVENUE
City CRANSTON State RI Zip 02921
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
1,000 NO PAR VALUE

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

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

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



6 3 0 8 5

63085 DBC 01/17/04 01:29:17 PM

File Date 2-26-04

Check No. 2775

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 1-28-04
NICHOLAS PASSARELLI, JR.

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

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.

63085

2. Name of Corporation

Phenix Home Care & Nursing Service, Inc.

3. Street Address Principal Business Office

City

State

Zip

227 PHENIX AVENUE

CRANSTON

RI

02820

4. Business Phone No.

5. State of Incorporation

6. SIC Code

401-943-6230

RHODE ISLAND

9472

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

HOME CARE NURSING

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

President Name

Vice President Name

NICHOLAS PASSARELLI, JR.

NICHOLAS PASSARELLI, JR.

Street Address

Street Address

28 SPLIT CREEK COURT

28 SPLIT CREEK COURT

City

State

Zip

City

State

Zip

CRANSTON

RI

02921

CRANSTON

RI

02921

Secretary Name

Treasurer Name

NICHOLAS PASSARELLI, JR.

NICHOLAS PASSARELLI, JR.

Street Address

Street Address

28 SPLIT CREEK COURT

28 SPLIT CREEK COURT

City

State

Zip

City

State

Zip

CRANSTON

RI

02921

CRANSTON

RI

02921

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

Director Name

Director Name

NICHOLAS PASSARELLI, JR.

Street Address

Street Address

28 SPLIT CREEK COURT

Street Address

City

State

Zip

City

State

Zip

CRANSTON

RI

02921

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

1,000 NO PAR VALUE

COMMON

NO PAR VALUE

100 SHARES

COMMON

NO PAR

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



* 6 3 0 8 5 *

File Date 2/20/03

Check No. 2288

By: DA

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

Date

NICHOLAS PASSARELLI, JR., 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.

63085

2. Name of Corporation

Phenix Home Care & Nursing Service, Inc.

3. Street Address Principal Business Office

City

State

Zip

227 PHENIX AVENUE

CRANSTON

RI

02820

4. Business Phone No.

401-943-6230

5. State of Incorporation

RHODE ISLAND

6. SIC Code
9472

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

HOME CARE NURSING

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

President Name

Vice President Name

NICHOLAS PASSARELLI, JR.

NICHOLAS PASSARELLI, JR.

Street Address

Street Address

28 SPLIT CREEK COURT

28 SPLIT CREEK COURT

City

City

State

State

Zip

Zip

CRANSTON

RI

02921

CRANSTON

RI

02921

Secretary Name

Treasurer Name

NICHOLAS PASSARELLI, JR.

NICHOLAS PASSARELLI, JR.

Street Address

Street Address

28 SPLIT CREEK COURT

28 SPLIT CREEK COURT

City

City

State

State

Zip

Zip

CRANSTON

RI

02921

CRANSTON

RI

02921

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

Director Name

Director Name

NICHOLAS PASSARELLI, JR.

Street Address

Street Address

28 SPLIT CREEK COURT

City

State

Zip

City

State

Zip

CRANSTON

RI

02921

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

1,000 NO PAR VALUE

COMMON

NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100 SHARES

COMMON

NO PAR

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



* 6 3 0 8 5 *

File Date: 2/22/2002

Check No.: 1837

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] Pres. 1-15-02
Signature of Officer Date

NICHOLAS PASSARELLI, JR., PRESIDENT

Print or Type Name of Officer

Title of Officer



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.

2. Name of Corporation

63085

PHENIX HOME CARE & NURSING SERVICES, INC.

3. Street Address Principal Business Office

City

State

Zip

227 PHENIX AVENUE

CRANSTON

RI

02820

4. Business Phone No.

5. State of Incorporation

6. SIC Code

401-943-6230

RHODE ISLAND

9472

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

HOME CARE NURSING

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

President Name

Vice President Name

NICHOLAS PASSARELLI, JR.

NICHOLAS PASSARELLI, JR.

Street Address

Street Address

28 SPLIT CREEK COURT

28 SPLIT CREEK COURT

City

State

Zip

City

State

Zip

CRANSTON

RI

02921

CRANSTON

RI

02921

Secretary Name

Treasurer Name

NICHOLAS PASSARELLI, JR.

NICHOLAS PASSARELLI, JR.

Street Address

Street Address

28 SPLIT CREEK COURT

28 SPLIT CREEK COURT

City

State

Zip

City

State

Zip

CRANSTON

RI

02921

CRANSTON

RI

02921

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

Director Name

Director Name

NICHOLAS PASSARELLI, JR.

Street Address

Street Address

28 SPLIT CREEK COURT

City

State

Zip

City

State

Zip

CRANSTON

RI

02921

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

1000 SHARES

COMMON

NO PAR VALUE

100 SHARES

COMMON

NO PAR

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

File Date: **FILED**

Check No.: **FEB 20 2001**

By: **1022**

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

Date

NICHOLAS PASSARELLI, JR., PRESIDENT

Print or Type Name of Officer

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. **63085** 2. Name of Corporation **PHENIX HOME CARE & NURSING SERVICES, INC.**
3. Street Address Principal Business Office **227 PHENIX AVENUE** City **CRANSTON** State **RI** Zip **02820**
4. Business Phone No. **401-943-6230** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9472**

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

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

President Name NICHOLAS PASSARELLI, JR.	Vice President Name NICHOLAS PASSARELLI, JR.
Street Address 28 SPLIT CREEK COURT	Street Address 28 SPLIT CREEK COURT
City CRANSTON State RI Zip 02921	City CRANSTON State RI Zip 02921
Secretary Name NICHOLAS PASSARELLI, JR.	Treasurer Name NICHOLAS PASSARELLI, JR.
Street Address 28 SPLIT CREEK COURT	Street Address 28 SPLIT CREEK COURT
City CRANSTON State RI Zip 02921	City CRANSTON State RI Zip 02921

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

Director Name NICHOLAS PASSARELLI, JR.	Director Name
Street Address 28 SPLIT CREEK COURT	Street Address
City CRANSTON State RI Zip 02921	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
1000 SHARES	COMMON	NO PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100 SHARES	COMMON	NO PAR

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

File Date: **FILED**

Check No.: **FEB 15 2000**

By: **cc 4048**

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: **NICHOLAS PASSARELLI, JR.** Date: **1-20-00**

Print Name: **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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. **63085** 2. Name of Corporation **Phenix Home Care & Nursing Service, Inc.**
3. Street Address Principal Business Office **227 PHENIX AVENUE** City **CRANSTON** State **RI** Zip **02920**
4. Business Phone No. **401-943-6230** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9472**

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

HOMECARE

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

President Name

NICHOLAS PASSARELLI

Vice President Name

SAME

Street Address

28 SPLIT CREEK COURT

Street Address

City **CRANSTON** State **RI** Zip **02921**

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) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

SAME

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

1,000 SHS NO PAR VAL

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

ISSUED SHARES

Number of Shares Class/Series Par Value

100 COMMON NO PAR

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



* 6 3 0 8 5 *

File Date: **Feb 9, 99**

Check No.: **3657**

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

NICHOLAS PASSARELLI

Date

2-8-99

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



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.

63085

2. Name of Corporation

Phenix Home Care & Nursing Service, Inc.

3. Street Address Principal Business Office

227 PHENIX AVENUE

City

CRANSTON

State

RI

Zip

02920

4. Business Phone No.

401-943-6230

5. State of Incorporation

RHODE ISLAND

6. SIC Code

9472

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

HOME CARE

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

President Name

NICHOLAS PASSARELLI

Vice President Name

SAME

Street Address

28 SPLIT CREEK COURT

Street Address

City

CRANSTON

State

RI

Zip

02921

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)

Director Name

SAME

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

1,000 SHS NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

COMMON

NO PAR

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



* 6 3 0 8 5 *

File Date:

4-23-98

Check No.:

3394

By:

UP

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.

Nicholas Passarelli

Signature of Officer

Date

4-21-98

NICHOLAS PASSARELLI

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



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

63085

2. Name of Corporation

Phenix Home Care & Nursing Service, Inc.

3. Street Address Principal Business Office

227 PHENIX AVENUE

City

CRANSTON

State

RI

Zip

02920

4. Business Phone No.

943-6230

5. State of Incorporation

RHODE ISLAND

6. SIC Code

9472

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

HOME CARE NURSING

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

President Name

NICHOLAS PASSARELLI, JR.

Vice President Name

Street Address

28 SPLIT CREEK COURT

Street Address

City

CRANSTON

State

RI

Zip

02921

City

State

Zip

Secretary Name

NICHOLAS PASSARELLI, JR.

Treasurer Name

NICHOLAS PASSARELLI, JR.

Street Address

28 SPLIT CREEK COURT

Street Address

28 SPLIT CREEK COURT

City

CRANSTON

State

RI

Zip

02921

City

CRANSTON

State

RI

Zip

02921

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

Director Name

NICHOLAS PASSARELLI, JR.

Director Name

Street Address

28 SPLIT CREEK COURT

Street Address

City

CRANSTON

State

RI

Zip

02921

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

City

State

State

Zip

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 SHS NO PAR VAL

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

COMMON

NONE

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



* 6 3 0 8 5 *

File Date: 1-8-97

Check No.: 2535

By: UP

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: 1-6-97

NICHOLAS PASSARELLI, JR.

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. 63085		2. NAME OF CORPORATION Phenix Home Care & Nursing Service, Inc.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 227 PHENIX AVENUE		CITY CRANSTON	STATE RI
4. BUSINESS PHONE NO. 943-6230		5. STATE OF INCORPORATION RHODE ISLAND	6. SIC CODE 9472
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND HOME CARE NURSING			

8. NAMES AND ADDRESSES OF THE OFFICERS			
PRESIDENT NAME NICHOLAS PASSARELLI, JR.		VICE PRESIDENT NAME	
STREET ADDRESS 28 SPLIT CREEK COURT		STREET ADDRESS	
CITY CRANSTON	STATE RI	ZIP CODE 02921	
SECRETARY NAME NICHOLAS PASSARELLI, JR.		TREASURER NAME NICHOLAS PASSARELLI, JR.	
STREET ADDRESS 28 SPLIT CREEK COURT		STREET ADDRESS 28 SPLIT CREEK COURT	
CITY CRANSTON	STATE RI	ZIP CODE 02921	ZIP CODE 02921

9. NAMES AND ADDRESSES OF THE DIRECTORS			
DIRECTOR NAME NICHOLAS PASSARELLI, JR.		DIRECTOR NAME	
STREET ADDRESS 28 SPLIT CREEK COURT		STREET ADDRESS	
CITY CRANSTON	STATE RI	ZIP CODE 02921	
DIRECTOR NAME		DIRECTOR NAME	
STREET ADDRESS		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
1,000 SHS NO PAR VAL			100	COMMON	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: 2/16/96
Check No: 2263
By: @/up
For Secretary of State Use Only

Signature of Officer: *Nicholas Passarelli Jr.*
Print or Type Name of Officer: Nicholas Passarelli Jr.
Title of Officer: President
Date: 2/15/96



FILED

JAN 05 1995

By

OC

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: 0063085

Annual Report for the year: 1995

Name of Corporation: Phenix Home Care & Nursing Service, Inc.

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

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

Business Entity is (check one):

☒ Business Corporation (See RIGL Chapter 7-1.1)

☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ()

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

227 Phenix Ave.
Cranston, RI 02920

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

Nursing Service Agency

Phone: (401) 943-6230

THE NAMES OF THE OFFICERS ARE:

PRESIDENT: Nicholas Passarelli JR. 28 Split Creek CT. Cranston, RI 02921

VICE PRESIDENT: SAA

SECRETARY: SAA

TREASURER: SAA

THE NAMES OF THE DIRECTORS ARE:

NAME: SAA

NAME:

NAME:

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares 1000 Class / Series Common

NO PAR VALUE

Date 1/3, 1995

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares 100 Class / Series Common

NO PAR VALUE

By: Nicholas Passarelli JR.

PRINT OR TYPE NAME OF OFFICER SIGNING

TITLE OF OFFICER SIGNING

Pres.

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.

NICHOLAS PASSARELLI, JR.
227 PHENIX AVENUE
CRANSTON RI 02920

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

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

Corporate ID: 0063085 Annual Report for the year: 1994

Name of Business Entity: Phenix Home Care & Nursing Service, Inc.

Business entity organized under the laws of the State of RI

Federal Taxpayer Identification Number: [REDACTED]

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

N/A

Phone: ()

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

227 Phenix Ave
Cranston RI 02920

Phone: (401) 943-6230

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:

Nicholas Passarelli, Jr.
227 Phenix Ave.
Cranston RI 02920

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

Nursing Service Agency

Date of Organization: 1/16/91 01/31/91 mme

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

N/A

THE NAMES OF THE OFFICERS ARE:

OFFICE	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (if applicable)	<u>Nicholas Passarelli, Jr.</u>	<u>100 Cornell St.</u>	<u>Cranston, RI</u>	<u>02920</u>
<input checked="" type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (if applicable)	<u>SAA</u>			
<input type="checkbox"/> CLERK AND/OR RECORDS OR <input type="checkbox"/> SECRETARY (if applicable)	<u>SAA</u>			
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> TREASURER (if applicable)	<u>SAA</u>			

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>SAA</u>			

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 1000

CLASS Common

SERIES

PAR VALUE OR WITHOUT PAR no par value

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 100

CLASS Common

SERIES

PAR VALUE OR WITHOUT PAR no par value

Date 1/26 19 94

By Nicholas Passarelli, Jr.

Nicholas Passarelli, Jr.

President

FILED

JAN 29 1994

Check # 4153

Form 3-1994

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.

NICHOLAS PASSARELLI, JR.
227 PHENIX AVENUE
CRANSTON RI 02920

Filing Fee \$50.00

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 0053025 Annual Report for the year 1993

FIRST: The name of the corporation is Phenix Home Care & Nursing Service, Inc.

SECOND: It is incorporated under the laws of The State of Rhode Island

THIRD: Character of business, briefly stated, is In-Home Nursing & Homemaking Services

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

FIFTH: Business address in Rhode Island 227 Phenix Avenue
Cranston, RI 02920

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

Name	Office	Address (including number, street, zip code)
Nicholas Passarelli Jr.	Director	100 Cornell Street, Cranston, RI 02920
	Director	
	Director	
Nicholas Passarelli Jr.	President	100 Cornell Street, Cranston, RI 02920
Nicholas Passarelli Jr.	Vice President	Same as above
Nicholas Passarelli Jr.	Secretary	Same as above
Nicholas Passarelli Jr.	Treasurer	Same as above

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common		No Par Value

EIGHTH: Number of Shares issued:

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

Dated 2/08 19 93

(Report must be signed by an officer)

PHENIX HOME CARE & NURSING SERVICE, INC.
(Name of Corporation)

By Nicholas Passarelli Jr.

Title PRESIDENT

Filing Fee \$50.00

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 0063085 Annual Report for the year 1992

FIRST: The name of the corporation is Phenix Home Care & Nursing Service, Inc.

SECOND: It is incorporated under the laws of The State of Rhode Island

THIRD: Character of business, briefly stated, is In-Home Nursing & Homemaking Services

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

FIFTH: Business address in Rhode Island 227 PHENIX AVENUE
CRANSTON, RI 02920

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Nicholas Passarelli Jr.	President	100 CORNELL STREET, CRANSTON, RI 02920
	Vice President	
	Secretary	
	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class
1000	Common

Rec'd & Filed FEB 20 1993
SD 1103
Series
Par Value
or statement that
shares are without
par value
No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class
100	Common

Par Value
or statement that
shares are without
par value
No Par Value

Dated 2/20/92 19 92

PHENIX HOME CARE & NURSING SERVICE, INC.

(Name of Corporation)

By Nicholas Passarelli Jr.

Title President

(Report must be signed by an officer)