

Mathew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222,3040

Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

rung renoa: Januarj		Filing Fee: \$50.00			· · · · · · · · · · · · · · · · · · ·
FORM MUST BE TYPED	IN BLACE)	<del></del>	·		
1. Corporate ID No. 63085	2. Name of Cor	poration	3		
	Pnenix Ho	me Care & Nursing S	Service, Inc.		
3. Street Address Principal 1 227 PHENIX AVEN			City	State	Ζίφ
6. Business Phone No.		<del></del>	CRANSTON	RI	02921
4019436230		5. State of Incorpo			6. SIC Code
	436230 RHODE ISLAN  Description of the Character of Business Conducted in Rhode Island				9472
HOME CARE NURSING	Thorocter of Business Co 3	onducted in Rhode Island		· · · · · · · · · · · · · · · · · ·	
8. NAMES AND ADDR	RESSES OF THE O	FICERS ("X" BOX FO	RATTACHMENT)   FILL IN S	PACES BEFORE USING A	TTACHMENTS
NICHOLAS PASSAR			, Vice President Name	•	
Street Address	EDDI, UK.	<del> </del>	NICHOLAS PASSA	RELLI, JR.	
227 PHENIX AVEN	TTE		Street Address		
			. 227 PHENIX AVE	NUE	
City CRANSTON	State	Żiφ	City	State	Zip
ecretary Name	RI	02921	CRANSTON	RI	02921
NICHOLAS PASSARI	ELLT TO		Treasurer Name		
·	EULI, JK.		NICHOLAS PASSAI	RELLI, JR.	
Aren Address 227 PHENIX AVEN	I De		Street Address		
		<del></del>	.227 PHENIX AVE	NUE	
City TDANGTYOM	State	Ζφ	City	State	Zip
CRANSTON	RI	02921	. CRANSTON	RI	02921
<b>9. NAMES AND ADDR</b> Director Name	ESSES OF THE DI	RECTORS ("X" BOX F	OR ATTACHMENT)   FILL IN	SPACES BEFORE USING	ATTACHMENTS
NICHOLAS PASSARI	ELLI, JR.		, Director Name •		
Street Address		<del></del>	· Street Address	<del></del>	
227 PHENIX AVENT	UE		• Succi Adunas •		
City	State	'Zin	· Cin.		
CRANSTON	RI	7 <i>ip</i> 02921	· City	State	Zip
Director Name					]
- -			· Director Name		
Street Address			· Company delibert	<del></del>	
			Street Address		
City	State	Zip	.City	State	762
	1	"	•	Sime	Zip
10. SHARES AUTHOR	IZED CX* BOX FOR	RATTACHMENT	11 CHARPE ICETES CO	C POV FOR	
UTHORIZED SHARES			ISSUED SHARES	BOX FOR ATTACHMEN	<i>"</i> □
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,000 NO PAR VALU	E		100 SHARES	COMMON	NO PAR
	·		<del>-</del>		
			}		
his report must be sin	med in int to state	and Describer		<u> </u>	
report must be sig	neu in ink by eith	er ine rresident, Vice	e President, Secretary, Assis	stant Secretary, Treasi	urer, Receiver or Tru
<b>(A \$1300</b> smm o	läiti idial on				
	IIIJI IEIEI BII				
	**************************************		•• • =	$\sim$	
<b>4</b> 3 (	- 0 ,		Under penalty of per	jury, I declare and affirm	that I have examined
*C2005 DD2 5445		<del></del>	this report, including	any accompanying school	fules and statements,
*63085 DBC,01/1/05		1	and mar all state from	ts contained herein are tru	e and correct.
File Date 2   5 (	٥٥			- //·	1 100
21,2		<del>-</del>	Stemanton - NOSE -		1-18-05
Check No. 300+	•		Signature of Officer	DACCADELL	Date -
. ^		<del>-</del>		PASSARELLI,	JK.
3 <u>v: VO</u> ,		[	Print or Type Name of	<del></del>	
OR SECRETARY OF STA	TE LICE ONTY	_	PRESIDEN	T	

Tule of Officer



Check No.

an

FOR SECRETARY OF STATE USE ONLY

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

FORM MUST BE TYPED IN 1. Corporate ID No. 63085 3. Street Address Principal Bus 227 PHENIX AVENUE	2. Nume of Corpo	ration			
3. Street Address Principal Bus					
		e Care & Nursing Service	ce, Inc.		
227 PHENIX AVENU	iness Office	<b>9</b>	City	State	7.ip
	Ε		CRANSTON	RI	02921
C. Business Phone No.		5. State of Incorporation			0 29 2 1 6. SIC Code
4019436230		RHODE ISLAND			6. SIC Code 9472
7. Brief Description of the Cha HOME CARE NURSING	racter of Business Con	ducted in Rhode Island		•	3412
8. NAMES AND ADDRES President Name	SSES OF THE OF	FICERS ("X" BOX FOR ATTA	ACHMENT) [] FILL IN S	PACES BEFORE USING A	TTACHMENTS
NICHOLAS PASSAREL			Vice President Name		
Street Address	DI, UK.	•	NICHOLAS PASSA	RELLI, JR.	
227 PHENIX AVENUE			Street Address		
		•.	227 PHENIX AVE	NUE	
City CRANSTON	State D.T.	<i>7.</i> φ	City	State	Zip
cretury Name	RI	02921	CRANSTON	RI	02921
VICHOLAS PASSAREL	T.T TD		Treasurer Name		
reet Address	ux, UK.		NICHOLAS PASSA	RELLI, JR.	
ercet Address 227 PHENIX AVENUE			Street Address		•
			227 PHENIX AVE	NUE	
City CRANSTON	State	7.φ	City	State	Zip
		^^^	Charach	n-	•
	RI	02921	CRANSTON	RI	02921
). NAMES AND ADDRES				SPACES BEFORE USING	02921
9. NAMES AND ADDRES Pirector Name	SES OF THE DIR	UZ9ZI ECTORS ("X" BOX FOR AT		SPACES BEFORE USING	02921 ATTACHMENTS
9. NAMES AND ADDRES Director Name NICHOLAS PASSAREL	SES OF THE DIR		TACHMENT) 🛮 FILL IN	SPACES BEFORE USING	02921 ATTACHMENTS
9. NAMES AND ADDRES Director Name VICHOLAS PASSAREL Dreet Address	SES OF THE DIR		TACHMENT) 🛮 FILL IN	SPACES BEFORE USING	02921  FATTACHMENTS
9. NAMES AND ADDRES Director Name NICHOLAS PASSAREL Greet Address	SES OF THE DIR		TACHMENT)   FILL IN Director Name	K1 SPACES BEFORE USING	02921 FATTACHMENTS
9. NAMES AND ADDRES Director Name NICHOLAS PASSAREL Direct Address 27 PHENIX AVENUE Dity	SES OF THE DIR		TACHMENT)   FILL IN Director Name	SPACES BEFORE USING	ATTACHMENTS
D. NAMES AND ADDRES inector Name IICHOLAS PASSAREL treet Address 27 PHENIX AVENUE ity	SES OF THE DIR	ECTORS ("X" BOX FOR AT	TACHMENT)   FILL IN Director Name Street Address	SPACES BEFORE USING	02921 ATTACHMENTS
9. NAMES AND ADDRES Director Name NICHOLAS PASSAREL Direct Address 227 PHENIX AVENUE Diry CRANSTON	SES OF THE DIR	ECTORS ("X" BOX FOR AT	TACHMENT)   FILL IN Director Name Street Address	SPACES BEFORE USING	ATTACHMENTS
9. NAMES AND ADDRES Director Name NICHOLAS PASSAREL Direct Address 227 PHENIX AVENUE Dity CRANSTON Director Name	SES OF THE DIR	ECTORS ("X" BOX FOR AT	TACHMENT)   FILL IN Director Name  Street Address  City	SPACES BEFORE USING	ATTACHMENTS
	SES OF THE DIR	ECTORS ("X" BOX FOR AT	TACHMENT)   FILL IN Director Name  Street Address  City  Director Name	SPACES BEFORE USING	ATTACHMENTS
P. NAMES AND ADDRES  Princetor Name  IICHOLAS PASSAREL  Prest Address  27 PHENIX AVENUE  ity  CRANSTON  Princetor Name  Trees Address	SES OF THE DIR LI, JR.  State RI  State	ECTORS ("X" BOX FOR AT  Zip 02921  Zip	TACHMENT)   FILL IN Director Name  Street Address  City  Director Name  Street Address  City	State State	Zip
O. NAMES AND ADDRES  irrector Name  IICHOLAS PASSAREL  treet Address  27 PHENIX AVENUE  ity  CRANSTON  irrector Name  treet Address  ity  O. SHARES AUTHORIZ	SES OF THE DIR LI, JR.  State RI  State	ECTORS ("X" BOX FOR AT  Zip 02921  Zip	TACHMENT)   FILL IN Director Name  Street Address  City  Director Name  Street Address  City  11. SHARES ISSUED (*2)	SPACES BEFORE USING	Zip
O. NAMES AND ADDRESS PRICE NAME IICHOLAS PASSAREL PRESE ADDRESS 27 PHENIX AVENUE PRANSTON PRESE AND ADDRESS PRESE ADDRESS PRESE AUTHORIZE UTHORIZED SHARES	SES OF THE DIR LI, JR.  State RI  State	ECTORS ("X" BOX FOR AT  Zip 02921  Zip	TACHMENT)   FILL IN Director Name  Street Address  City  Director Name  Street Address  City  11. SHARES ISSUED (*2) ISSUED SHARES	State  State  State	Zip Zip
P. NAMES AND ADDRES Director Name NICHOLAS PASSAREL Dreet Address 127 PHENIX AVENUE Tity CRANSTON Director Name Treet Address	SES OF THE DIR LI, JR.  State RI  State ED ("X" BOX FOR.	ECTORS ("X" BOX FOR AT  Zip 02921  Zip Zip	TACHMENT)   FILL IN Director Name  Street Address  City  Director Name  Street Address  City  11. SHARES ISSUED (*2)	State State	Zip

NICHOLAS PASSARELLI, JR.

Form 630 12/01

Print or Type Name of Officer
PRESIDENT

Tule of Officer



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

#### 2003 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1-March 1 • Filing Fee: \$50.00



FORM MUST	RE TITED OR	PRINTED IN BLACKS	

1. Corporate ID No.

2. Name of Corporation

63085

3. Street Address Principal Business Office

Phenix Home Care & Nursing Service, Inc.

FILL IN SPACES BEFORE USING ATTACHMENTS

Zip

227 PHENIX AVENUE

5 State of Incorporation

CRANSTON

RI

02820

**RHODE ISLAND** 

9472

401-943-6230 Character of Business Conducted in Rhode Island

28 SPLIT CREEK COURT

HOME CARE NURSING
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

MCHOLAS PASSARELLI, JR.

Zip

NICHOLAS PASSARELLI, JR.

Zip

CRANSTON

RI

02921

CRANSTON RI 02921 CRANSTON RI 02921 CRANSTON RI 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

CRANSTON

RI

02921

NICHOLAS PASSARELLI, JR.

NICHOLAS PASSARELLI, JR.

28 SPLIT CREEK COURT

Zip

28 SPLIT CREEK COURT

28 SPLIT CREEK COURT

Zip

28 SPLIT CREEK COURT

NICHOLAS PASSARELLI, JR.

Street Address

Director Name

State

Zip

CRANSTON

RI

02921

Director Name

Street Address

Street Address

City

State

City

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

Zip

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

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



2/20/03

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, J this report, included any

and affirm that I have examined accompanying schedules and statements, and brrect.

NICHOLAS PASSARELLI, JR., PRESIDENT

Print or Type Name of Officer

Title of Officer

Form 630 12/02



1. Corporate ID No.

63085

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

Phenix Home Care & Nursing Service, Inc.

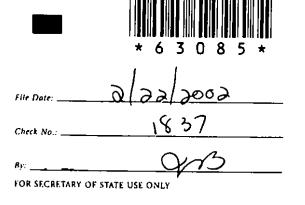
STOP PLEASE READ INSTRUCTIONS

Filing Period: January 1-March 1	•	Filing Fee: \$50.00
(FORM MUST BE TYPED IN BLACK)		

2. Name of Corporation

3. Street Address Principal Busines	is Office		City	State	ZIp
227 PHENIX AVE	NUE	5. State of Incorporation	CRANSTON	RI	02820
401-943-6230 7. Brief Description of the Charact	er of Business Conducted	RHODE ISLAND in Rhode Island			9472
		FICERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES Vice President Name	BEFORE USING ATTACH	IMENTS
NICHOLAS PASSA	ARELLI, JR.		NICHOLAS PASS	SARELLI, JR.	
28 SPLIT CREEK (	COURT	Zip	28 SPLIT CREEK	COURT	Zip
CRANSTON Secretary Name	RI	02921	CRANSTON Treasurer Name	RI	02921
NICHOLAS PASSA	ARELLI, JR.		NICHOLAS PASS	SARELLI, JR.	
28 SPLIT CREEK (	COURT	Zip	28 SPLIT CREEK	COURT	Zip
CRANSTON 9. NAMES AND ADDRES Director Name	RI SSES OF THE DIR	02921 ECTORS (*x* BOX FOR ATTAC	CRANSTON CHMENT) FILL IN SPACE Director Name	RI ES BEFORE USING ATTAC	02921 CHMENTS
NCHOLAS PASSA	ARELLI, JR.		Street Address		
28 SPLIT CREEK (	COURT	Zip	City	State	ZIp
CRANSTON Director Name	RI	02921	Director Name		·
Street Address			Street Address		
Gity	State	Zip	City	State	Zip
10. SHARES AUTHORIZE	D (*X* BOX FOR ATT	TACHMENT)	11. SHARES ISSUED (* ISSUED SHARES	X° BOX FOR ATTACHMENT)	
Number of Shares 1,000 NO PAR VALUE	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
	COMMON	NO PAR VALUE	100 SHARES	COMMON	NO PAF

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 statement contains wherein are true and correct.

Signature of Officer Date

NICHOLAS PASSARELLI, JR., PRESIDENT

Print or Type Name of Officer

Title of Officer

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

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2001

Filing Period: Janua	try 1-March 1 •	Filing Fee: \$50.00			INSTR
(FORM MUST BE TYPED IN	HLACK)				
1. Corporate ID No.	2: Name of Corpor	ration		•	
63085 3. Street Address Principal Bush	ness Office PHE	NIX HOME CARE &	NURSING SERVIC	ES, INC.	Zip
227 PHENIX AVE	ENUE	5. State of Incorporation	CRANSTON	RI	02820 6. SIC Colle
401-943-6230 7. Brief Description of the Char	ncter of Business Conducted	RHODE ISL	AND		9472
HOME CARE NU 8. NAMES AND ADDR President Name		FICERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES Vice President Name	BEFORE USING ATTACH	IMENTS
NICHOLAS PASS	SARELLI, JR.		NICHOLAS PASS	SARELLI, JR.	
28 SPLIT CREEK	COURT	Zip	28 SPLIT CREEK	COURT	Zip
CRANSTON Secretary Name	RI	02921	CRANSTON Treasurer Name	RI	02921
NICHOLAS PASS	SARELLI, JR.		NICHOLAS PASS	ARELLI, JR.	
28 SPLIT CREEK	COURT	Zip	28 SPLIT CREEK	COURT	Zip
CRANSTON  9. NAMES AND ADDR  Director Name	RI ESSES OF THE DIF	02921 RECTORS (*x* BOX FOR ATTA	CRANSTON CHMENT) FILL IN SPACE Director Name	RI es before using atta	02921 CHMENTS
NICHOLAS PASS	SARELLI, JR.		Street Address		
28 SPLIT CREEK	COURT	Zip	City	State	Zip
CRANSTON Director Name	RI	02921	Director Name		
Street Address			Street Address		
Clly	State	Zip	City	State	Zip
10. SHARES AUTHORI AUTHORIZZO SHARIS	ZED (*x* BOX FOR AT	TACHMENT)	11. SHARES ISSUED (	"X" BOX FOR ATTACHMENT)	
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

Date:	
	W is the last
ck No.:	FEB 2 0 2001
	FEB 20 2000
	-/ 2km // 19

NICHOLAS PASSARELLI, JR., PRESIDENT

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 401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 . Filing Fee: \$50.00

STOP PIJASE READ INSTRUCTIONS

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(FORM MUST BE TYPED IN	BLACK)				
1. Corporate ID No. 63085	2. Name of Cospe PHE	NIX HOME CARE &	NURSING SERVIC	ES, INC.	<del></del> .
3. Street Address Principal Busi 227 PHENIX AVE	ness Office ENUE		CRANSTON	State RI	02820
4. Business Phone No. 401-943-6230		5. State of Incorporation RHODE ISL	AND		6. SIC Code 9472
7. Brief Description of the Char HOME CARE NU	acter of Business Conducted RSING	d in Rhode Island			
8. NAMES AND ADDI	RESSES OF THE OF	FICERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES	S BEFORE USING ATTAC	HMENTS
President Name NICHOLAS PASS	SARELLI, JR.		Vice President Name NICHOLAS PASS	SARELLI, JR.	
28 SPLIT CREEK	COURT	;	Street Address 28 SPLIT CREEK	COURT	
CRANSTON	State RI	<sup>Zip</sup> 02921	CRANSTON	State RI	02921
NICHOLAS PASS	ARELLI, JR.	•	NICHOLAS PASS	SARELLI, JR.	
28 SPLIT CREEK			28 SPLIT CREEK	COURT	
CRANSTON	State RI	<sup>21p</sup> 02921	CRANSTON	State RI	02921
	RESSES OF THE DI	RECTORS ("X" BOX FOR ATT	ACHMENT)   FILL IN SPAC	ES BEFORE USING ATTA	CHMENTS
NICHOLAS PASS	ARELLI, JR.		Director Name		
28 SPLIT CREEK	COURT		Street Address		
CRANSTON	State RI	<sup>Zip</sup> 02921	City	State	Zip
Director Name			Director Name	• • • • • • • • • • • • • • • • • • • •	
Street Address			Street Address		
City	State	Zip	: City	State	Zip
10. SHARES AUTHORI	ZED ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED (	(*X* BOX FOR ATTACHMENT)	•
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 1 5 2000	
Ву:	By 004048	
FOR SECRETA	RY OF STATE USE ONLY	

Title of Officer



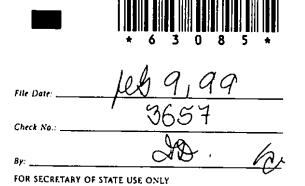
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK)

63085	2. Name of Corpora Phenix Hot	ne Care & Nursing Ser	vice inc		•••
3. Street Address Principal Rusines:		no oute a maising ser		_	
227 PHENIX A			CRANSTON	State	7.lp
4. Business Phone No. 401 - 943 - 6230	· cnuc	5. State of Incorporation RHODE ISLAND		RI	02920 6. SIC Code <b>9472</b>
7. Brief Description of the Characte HOMECARE	er of Business Conducted	n Rhode Island			• • • • • • • • • • • • • • • • • • • •
B. NAMES AND ADDRES President Name	SSES OF THE OFF	CERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES Vice President Name	BEFORE USING ATTAC	CHMENTS
NICHOLAS PASS	SARELLI		SAME Street Address		
28 SPLIT CREE	EK COURT	Zip	City	State	Zip
CRANSTON	RI	02921	•		7.17
Secretary Name		,	Deasurer Name	• • • •	
SAME Street Address			SAME Street Address		
Olty	State	Zip	City	State	2.ip
9. NAMES AND ADDRES Director Name SAME	SES OF THE DIRI	ECTORS (*X* BOX FOR ATTAC	CHMENT) FILL IN SPACE Director Name	ES BEFORE USING ATTA	ACHMENTS
Street Address			Street Address		
Dity	State	Zip	City	State	Zip
			•		
Director Name			Director Name		
Director Name			Director Name Street Address		
	State	Zíp		State	, Zip
treet Address		·	Street Address		
City  O. SHARES AUTHORIZE		·	Street Address  City  11. SHARES ISSUED (*		

Title of Officer



Under penalty of perjury, I declare and Alynn that I have examined this seport, including any accompanying schedules and statements, and Lue and correct. that all statements contained herein are Signature of Officer NICHOLAS PASSARELLI Print or Type Name of Officer PRESIDENT



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PIJANI, READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 63085 Phenix Home Care & Nursing Service, Inc. 3. Street Address Principal Business Office State 227 PHENIX AVENUE CRANSTON RI02920 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 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Kaine Vice President Name NICHOLAS PASSARELLI SAME Street Address Street Address 28 SPLIT CREEK COURT City State Zip CRANSTON RI02921 Secretary Name Treasurer Name SAME 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 SAME Street Address Street Address City State Zio City State Zip Director Name Director Name Street Address Street Address City State Zip City State Zio 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 SHS NO PAR VAL UE 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:	4.03.98
Check No.:	3394
By:	lip
OR SECRETARY	OF STATE USE ONLY

Under genalty of perjury, I declare and affirm	that I have examined
this report, including any accompanying sche	dules and statements, and
Muholas jan	4-21-98
Signature of Officer	Date
NICHOLAS PASSARELLI	<u></u>
Print or Type Name of Officer PRESIDENT	
Title of Officer	



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)				COMPUEA THEO CO
1. Corporate ID No.	2. Name of Corporat	lon			
63085	Phenix Hon	ne Care & Nursing	Service, Inc.		<u> </u>
3. Street Address Principal Busin	ness Office		City	State	Zip
227 PHENIX A	IVENUE		CRANSTON	RI	02920
F. Business Phane No.		5. State of Incorporation			6. SIC Code
943-6230		RHODE ISLA	AND		9472
7. Brief Description of the Chara HOME CARE NU	acter of Business Conducted In URSING	Rhode Island			
B. NAMES AND ADDR	ESSES OF THE OFFI	CERS ("X" BOX FOR ATT	ACHMENT)		
President Name			Vice President Name		
NICHOLAS PAS	SARELLL, JR.				
itreet Address 28 SPLIT CRE	EK COURT		Street Address		
CRANSTON	State RI	zip 02921	City	State	Zip
ecretary Name			Treasurer Name		
NICHOLAS PAS	SARELLI, JR.		NICHOLAS PAS	SARELLI, JR.	
ineet Address 28 SPLIT CRE	EK COURT		Street Address 28 SPLIT CRE	FK COURT	
Sity	State	Zip	City		<b>a</b> .
CRANSTON	RI	02921	CRANSTON	State RJ	zip 02921
NAMES AND ADDR	ESSES OF THE DIRE	CTORS ("Y" ROY FOR A			OLYSE .
Director Name		·· ·· ·· ··	- Director Name		<u> </u>
NICHOLAS PAS	SARELLI, JR.				
treet Address			Street Address		
28 SPLIT CRE	EK COURT				
lity	State	Zip	City	State	Zip
CRANSTON	RI	02921			•
Hiector Name			Director Name	•	
treet Address			Street Address		
City	State	Zip	City	State	ZIp
0. SHARES AUTHORI	ZED AND ISSUED (*)	(* BOX FOR ATTACHMENT	<del>"</del> )		
. CO 1000000 0111000			ISSUED SHARES		
UTHORIZED SHARES		Par Value	Number of Shares	Class/Series	Par Value
UIHORIZED SHARES  Sumber of Shares	Class/Series				

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

Title of Officer

	* 6 3 0 8 5 *	
File Date:	1-8-97	
Check No.: _	2535	
Ву:	W	
FOR SECRETA	ARY OF STATE USE ONLY	

### **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

CORPORATE 10 NO.	2. NAME OF CORPORATI	PLEASE TYPE OR	PRINT IN BLACK INK.	······································		
63085			unodna Comulata			
STREET ADOŘEŠŠ PŘINOPÁL BUŠÚTEŠŠ	1 116 1 50FICE	ITA HOME CATE & N	ursing Service, I	nc.		
227 PHENIX A	AVENUE		CRANSTON	RI	02920	
USINESS PHONE NO.	<del></del>	5. STATE OF INCORPORATION		<del></del>	6. Sic 000E	
943-6230		RHODE I	SLAND		9472	
NEF DESCRIPTION OF THE CHARACTER		DOÉ ISLÁNO			<u> </u>	
HOME CARE NU	JRSING					
SIDENT NAME	8 . H	AMES AND ADDR	ESSES OF THE O	FFICERS		
NICHOLAS PAS	SARELLT IR		VICE PRESIDENT NAME**	· <del>-</del> · ·	· · · · · · · · · · · · · · · · · · ·	
ET ADORESS		<del></del>	STREET ADDRESS	<del></del>		
28 SPLIT CRE						
CRANSTON	STATE RI	21° CODE 02921	afy	SIATE	ZIP CODE	
ETARY NAME	<del></del>		TREASURER NAME			
NICHOLAS PAS	SARELLI, JR.		NICHOLAS PASSARELLI, JR.			
28 SPLIT CRE	FK CUIDT		SIRETADRESS			
	Teyaye	25° CODE	OTV	28 SPLIT CREEK COURT		
CRANSTON	RÍ	02921	CRANSTON	RT	02921	
TOR NAME	9 , N	A M E S A N D A D D R	ESSESTO, F. THE D	I'R E C'T'O'R'S		
-	SARELLI, JR.		CHRECTOR NAME			
£T ADDRESS			STREET ADDRESS	<del></del>	<del></del>	
28 SPLIT CRE						
CRANSTON	STATE	ziP ασσε 02921	ČITY	STATE	ZIP CODE	
TOR NAME	NI NI	02921	DIRECTOR HAME			
T ADDRESS	·					
CI AUUNESS			STREET ADDŘESŠ			
	STATE	ZIP CODE	QIY	STATE	ZIP CUDE	
· <del></del>			<u> </u>		1	
. —		SHARES AUTHOR	IZED AND ISSUE	0	_	
NUMBER OF SHARES	AUTHORIZED SHARES CLASS / SERIES	PAR VALUE	MUMBER OF SHARES	ISSUED SHARES		
1,000 SHS NO PAR VAL			CLASS / SERVES	PAR VALUE		
1,000 ShS NO PAR VAL			100	COMMON	NONE	
	<del></del>			<del></del>	<u></u>	
<del></del>			<u>. i</u>			
	Т	nis report must be SIG	NED IN INK by either t	he		
Pre	sident, Vice Pres	dent, Secretary, Assist	ant Secretary, Treasure	r. Receiver or Trustee		

File Date: Check No:

For Secretary of State Use Only

Ву:

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 corredt.

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



JAN 0 5 1995

#### 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: _	0065085	<del></del>	Annual Report for the ye	ar: 1995	5
Name of Corporat	Dhaniy Hama		ursing Service,		
Business entity organ	nized under the laws of the State of:ddress and telephone number of principal of	ffice:	Business Entity is (che Business Corpora Business Corpora Professional Serv	tion (See RIGL Cha	pter 7-1.1) PRIGL Chapter 7-5.1)
Phone: ( )			Brief statement of the c	haracter of business	conducted in Rhode Island:
Address and telephon Island (Provide street	ne of the principal office of business entity t address - No. P.O. Box): 227 Phenix Ave. Crans Ton, RT 029	in Rhode	Nursing_	Service Ag	ency
Phone: (401)	943-6230				
	THE	NAMES OF T	THE OFFICERS ARE:		
PRESIDENT Nicho	las Passarelli JR.	STREET AL	it Creek CT. C	CHYSTATE CANS, RI	71P CODE
	SAA	STREET AL	DORESS	CHYSTATE	ZIP CODE
SECRETARY		STREET AL	DDRESS	CITY/STATE	ZIP CODE
TREASURER	SAA	STREET AL	DORESS	CITY/STATE	ZIP CODE
NAME		NAMES OF TI	IE DIRECTORS ARE:		
	SAA	STREET AD	DDRESS	CITY/STATE	ZIF CODE
NAME.	<del></del>	STREET AD	DDRESS	CITY/STATE	ZIP CODE
NAME	<del></del>	STREET AD	DRESS	CITYSTAILE	ZIP CODE
NUMBER OF SHARE	S AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSU	ED AND OUTSTANI	DING (Rider may be attached)
Number of Shares	Class / Series Common		Number of Shares 100	Class / Series	Common
No	Par Value		No	Par Value	2_
Date	3	By: <u>Nichol</u> PRINT OR T	Lebolas Joesand 45 PASSA TELL TR YPE NAME OF OFFICER SIGNING	V.J.	
form 31 1/95			FECER SIGNING Pres		
<u></u>	DESIGNATED REG	ISTERED AGI	ENT FOR SERVICE OF	PROCESS:	<del></del>

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

NICHOLAS PASSARELLI, UR 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

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

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

Corporate ID.	0063065	Annual Repo	ort for the year:	199	4	·
Name of Business Entity:		Phenix	C Home Care	& Nursing	Se <u>rviće</u> ,	Inc
Business entity organized undifferent Taypayer Identification For foreign entity, address and the Identification of the Jaypayer Island (Provide street address and Island (Provide street address add	or the laws of the State ofR_ in Number  telephone number of principal office  orincipal office of business entity in R Not PO Box).  Phenix Ave.  5 Ave. BI 039	Business  [2] [3] [4] [5] [6] [6] [7] [8] [8] [8] [8] [8] [8] [8] [8] [8] [8	Business Corporati Professional Servic Limited Limbidity Colle and mailing address acations may be directed.	on (See RIGL Charle Corporation (See RIGI Sompany (See RIGI soft person and and and and and and and and and an	pler 7 1 1) RIGL Chapter 7- 2-7-16) to whom $2 \left( \frac{1}{\sqrt{2}} \frac{7}{\sqrt{2}} \frac{3}{\sqrt{2}} \frac{7}{\sqrt{2}} \frac{7}{$	(5.1)
TO CHEEF ENANCIAL OPPICER OR	MICHOLOGIAS PASSA  SACRETARY CONSERVATIONS  SAA  SACRETARY CONSERVATIONS  SAA	MES OF THE OFFICE STREET ADDRESS  STREET ADDRESS  STREET ADDRESS	CON CORNEL ST	STATE	RI 0392,	P CODE
SAA	<u></u>	MES OF THE DIRECTO	ORS ARE:	STATE:		IP CODE
NAME		STREAT ADDRESS	<u>C.TYA</u>	STATE .	- 7	PCODE
NAME.	<del></del>	STREET ADDRESS	fithe	STATE	z	PCODE
NUMBER OF SHARES AU	THORIZED (If Applicable)	NUMBER C	OF SHARES ISSUED	AND OUTSTAND	UNG (If Applicab	le)
NUMBER 1000		NUMBER	100	·		
CLASS Com/	non	CLASS     SERIES	Comm	00		
PAR VALUE OR WITHOUT PAR 100	par value	PAR VALU WITHOUT  By Kakelan		grvalu D.	<u>.e.</u>	
Form 3' 1/54	FILED JAN 29 1994 JAN 29 1994	Nichalas Garage President President Judgest Gassing	SSATE II TE			

Form 31 1/85

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

# Siate of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	063685	Annual Report fo	r the year 1993
First: The name	of the corporation is	Phenix Home Ca	re & Nursing Service.
SECOND: It is inco	orporated under the laws	ofThe State of Rhode	Island
THIRD: Character	of business, briefly state	d, is In-Home Nursing &	Homemaking Services
Fourth: If forcig	n corporation, address o	f its principal office	
FIFTH: Business ac	dress in Rhode Island	227 Phenix Avenue	
		Cranston, RI 02920	
SIXTH: Names and Name Nicholas Passare		Office Address (includ	(Attach rider if necessary)
NICHOIAS PASSARE	Direct	tor	et, Cranston, RI 02920
	Direct	lor	
Vicholas Passare		100 Cornell Stre	et, Cranston, RI 02920
Jicholas Passare	lli Jr.	Same as above	
icholas Passare	lli Jr.	President	
licholas Passare	Secret	Same as above	
SEVENTH: Number	r of Shares authorized:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
1000	Common	PAID	No Par Value
Еіднтн: Number	of Shares issued:	FEB 1 0 1993	Par Value
No. of Shares	Class	FEB 1 0 1993 SECY OF STATE	or statement that shares are without
100	Common	= SCHES	parvalue No Par Value
2/08 Dated	19 93	PHENIX HOME CARE &	NURSING SERVICE, INC.
(Parant must be	rigned by an officer	By PRESIDENT	

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

150

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID		Annual Report for the y	/ear <u>1990</u>
FIRST: The na	me of the corporation is	Pbanix Kome Care	& Nursins Derxics
Second: It is	incorporated under the laws	of The State of Rhode Isla	ind
THIRD: Charac	cter of business, briefly stated	, is In-Home Nursing & Homen	naking Services
FOURTH: If for	eign corporation, address of	its principal office	
FIFTH: Busines	s address in Rhode Island	227 PHENIX AVENUE	
		CRANSTON, RI 02920	······
SIXTH: Names	and addresses of its directors		(Attach rider if necessary) per, street, zip code)
	Directo	г	
	Directo	r	
••••••	Directo	r	
Nicholas Pass	arelli Jr. Presider	nt 100 CORNELL STREET,	CRANSTON,RI 02920
***************************************	Vice Pro	esident	
	Secretai		
,	_	•	
	ber of Shares authorized:	Poold 8 miles	Bas Volus
No. of Shares 1000	Class Common	Series SD 103	Par Value Sor statement that shares are without par value  No Par Value
Eighth: Numb	per of Shares issued:		Par Value or statement that
No. of Shares 100	Class Common	Senes	shares are without par value  No Par Value
Dated 2/20/92	19 .92	PHENIX HOME CARE & NURSI (Name of Corporation)  By Wilclas Jassau	NG SERVICE, INC.
(Report must	be signed by an officer)	Title President	U
Form 31 1/85	•		