



State of Rhode Island
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Business Corporation
Annual Report

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 000551932

2. Name of Corporation Invacare Continuing Care, Inc.

3. Street Address Principal Business Office:

No. and Street: ONE INVACARE WAY

City or Town: ELYRIA

State: OH

Zip: 44035

Country: USA

4. Business Phone No.

5. State of Incorporation

State: MO

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

532490

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

THE SALE/RENTAL OF GOODS RELATED TO THE HEALTHCARE INDUSTRY

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name	Address
PRESIDENT	MATTHEW MONAGHAN	ONE INVACARE WAY ELYRIA, OH 44035 USA
TREASURER	JEROME E. FOX JR.	ONE INVACARE WAY

		ELYRIA, OH 44035 USA
SECRETARY	ANTHONY C. LAPLACA	ONE INVACARE WAY ELYRIA, OH 44035 USA
VICE PRESIDENT	KATHLEEN LENEGHAN	ONE INVACARE WAY ELYRIA, OH 44035 USA
DIRECTOR	MATTHEW MONAGHAN	ONE INVACARE WAY ELYRIA, OH 44035 USA
DIRECTOR	ANTHONY C. LAPLACA	ONE INVACARE WAY ELYRIA, OH 44035 USA
DIRECTOR	KATHLEEN LENEGHAN	ONE INVACARE WAY ELYRIA, OH 44035 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
STK	A	\$1.0000	150,000.00	150000
STK	B	\$1.0000	150,000.00	166750

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 19 Day of February, 2021 at 3:08:24 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By KELLY LETTMANN
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

© 2007 - 2021 State of Rhode Island
All Rights Reserved