



State of Rhode Island
Department of State - Business Services Division

FILED

FEB 26 2021

BY 30464

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Annual Report for the year: 2021
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entry ID Number 000007876		2. Exact name of the Corporation THE FRIENDLY HOME, INC.			
3. Principal Office Address 303 RHODES AVENUE			City WOONSOCKET	State RI	Zip 02895
4. NAICS Code 623110		6. Brief description of the character of business conducted in Rhode Island TO OPERATE A NURSING HOME.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name KATHARINE R EPP			Vice-President Name SHAUN R COURNOYER		
Street Address 303 RHODES AVENUE			Street Address 303 RHODES AVENUE		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Secretary Name SHAUN R COURNOYER			Treasurer Name FAYE COURNOYER		
Street Address 303 RHODES AVENUE			Street Address 303 RHODES AVENUE		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name KATHARINE R EPP			Director Name SHAUN R COURNOYER		
Street Address 303 RHODES AVENUE			Street Address 303 RHODES AVENUE		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Director Name FAYE COURNOYER			Director Name		
Street Address 303 RHODES AVENUE			Street Address		
City Woonsocket	State RI	Zip 02895	City	State	Zip
9. Shares Authorized <small>This information is currently of record in the Department of State.</small>		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		8,000		STK	
				PAR VALUE	
				\$1.00	
11. 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.					
<i>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.</i>					
Name of Authorized Representative KATHARINE R EPP, PRESIDENT				Date 2-23-21	
Signature of Authorized Representative <i>Katharine R. Epp</i>					

ALL TO:
 Division of Business Services
 8 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.dos.ri.gov