



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$20.00

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

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2021

**1. Corporate ID No.** 000029040

**2. Name of Corporation** Visiting Nurse Services of Newport and Bristol Counties

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

**4. Principal Office Address**

No. and Street: 1184 EAST MAIN ROAD  
City or Town: PORTSMOUTH State: RI Zip: 02871 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street: 99 DUCK COVE LANE  
City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: UNI

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

HOME HEALTH AGENCY, HOSPICE, COMMUNITY CLINICS, DIABETIC OUTPPT CLINIC, ALZHEIMER SUPPORT

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	MARK HOUGH MR.	71 TAYLORS LANE LITTLE COMPTON, RI 02837 USA
TREASURER	PATRICIA PUTNEY	370 SPRING STREET NEWPORT, RI 02840 USA
SECRETARY	JANE MCDURMAN MS.	80 VICTOR ST. SOMERSET, MA 02726 USA
CEO	JENNIFER W. FAIRBANK	99 DUCK COVE LANE NORTH KINGSTOWN, RI 02852 USA
VICE PRESIDENT	ALLENDRE MCGOVERN MS.	482 NANAQUAKET ROAD TIVERTON, RI 02878 USA
DIRECTOR	REBECCA MCSWEENEY MS.	33 FAREWELL STREET NEWPORT, RI 02840 USA
DIRECTOR	BARBARA WEATHERFORD	31 NARRAGANSETT BLVD PORTSMOUTH, RI 02871 USA
DIRECTOR	LINDA BOMBACH	266 FERRY LANDING CIRCLE PORTSMOUTH, RI 02871 USA
DIRECTOR	HAROLD SANDERS MD	134 STORM KING DRIVE PORTSMOUTH, RI 02871 USA
DIRECTOR	CHRISTINE WINSLOW	11 LOYOLA TERRACE NEWPORT, RI 02840 USA
DIRECTOR	LESLIE REED	1 JEFFREY ROAD NEWPORT, RI 02840 USA
DIRECTOR	STACEY CARTER MS.	111 ISLAND DRIVE MIDDLETOWN, RI 02842 USA
DIRECTOR	LORRAINE TASSO	136 COGGESHALL AVE. NEWPORT, RI 02840 USA
DIRECTOR	CANDACE POWELL	38 MT.HOPE AVENUE JAMESTOWN, RI 02835 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

JENNIFER W. FAIRBANK 1184 EAST MAIN ROAD PORTSMOUTH , RI 02871

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 15 Day of June, 2021 at 2:02:05 PM by the authorized person. 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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.**

By JENNIFER W FAIRBANK  
Signature of Authorized Person

