State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

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

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BUS SVCS DIV
2021 SEP 17 PM 3:20

1 Entity ID Number	2. Exact name of the Corporation		
000083348	COMPREHENSIVE HOME MEDICAL EQUIPMENT, INC.		
3. Principal Office Address	City	State	Zip
11 COMSTOCK PARKWAY	CRANSTON	RI	02921
4 NAICS Code: 446199	6. Brief description of the character of business conducted in Rhode Island: SALE & RENTAL OF SPECIALIZED MEDICAL EQUIPMENT. SALES & SERVICE OF COMMERCIAL CLEANING EQUIPMENT TITLE 7-1.1-51		
5. State of Incorporation: RHODE ISLAND			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: DAVID JON MIGNACCA, SR.			Vice-President Name: KATHY A MIGNACCA		
Street Address: 831 SEVEN MILE ROAD			Street Address: 831 SEVEN MILE ROAD		
City: HOPE	State: RI	Zip: 02831	City: HOPE	State: RI	Zip: 02831
Secretary Name: KATHY A MIGNACCA			Treasurer Name: DAVID JON MIGNACCA, SR.		
Street Address: 831 SEVEN MILE ROAD			Street Address: 831 SEVEN MILE ROAD		
City: HOPE	State: RI	Zip: 02831	City: HOPE	State: RI	Zip: 02831

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			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

9. Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
8000	STK	100.00

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.

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.

Name of Authorized Representative: DAVID JON MIGNACCA, SR — Date: 9/17/2021

Signature of Authorized Representative

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

FILED 3:22
SEP 17 2021
BY

FORM 630 - Revised: 08/2020