



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
 FEB 09 2023
 BY *[Signature]*

1. Entity ID Number 001689791		2. Exact name of the Corporation Compassionate Care, Inc.			
3. Principal Office Address 6 Blackstone Valley Place			City Lincoln	State RI	Zip 02865
4. NAICS Code 621999		6. Brief description of the character of business conducted in Rhode Island Medical care			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Linda Young			Vice-President Name Linda Young		
Street Address 6 Blackstone Valley Place			Street Address 6 Blackstone Valley Place		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Linda Young			Treasurer Name Linda Young		
Street Address 6 Blackstone Valley Place			Street Address 6 Blackstone Valley Place		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Linda Young			Director Name		
Street Address 6 Blackstone Valley Place			Street Address		
City Lincoln	State RI	Zip 02865	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			2		Common
					PAR VALUE
					No Par
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 Linda Young				Date 2/5/23	
Signature of Authorized Representative <i>[Signature]</i>					