



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	City Lincoln	State RI
Zip 02865		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	City Lincoln	State RI
Zip 02865		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	City	State
Zip 02865		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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	
		PAR VALUE	
		2	Common
			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 <u>[Signature]</u>			

MAIL TO:
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