



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2023**

Corporation

→ Filing period: January 1 - March 1

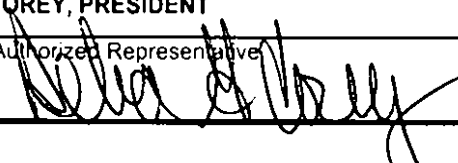
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

MAR 07 2023

BY 26857
718

1. Entity ID Number 38135		2. Exact name of the Corporation ASSISTED DAILY LIVING, INC.			
3. Principal Office Address 2809 POST ROAD			City WARWICK	State RI	Zip 02886
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF DELIVERY OF HOME CARE SERVICES			
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 DEBRA G. COREY			Vice-President Name		
Street Address 2809 POST ROAD			Street Address		
City WARWICK	State RI	Zip 02886	City	State	Zip
Secretary Name DEBRA G. COREY			Treasurer Name DEBRA G. COREY		
Street Address 2809 POST ROAD			Street Address 2809 POST ROAD		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DEBRA G. COREY			Director Name		
Street Address 2809 POST ROAD			Street Address		
City WARWICK	State RI	Zip 02886	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		
			PAR VALUE		
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 DEBRA G. COREY, PRESIDENT					Date 2/24/23
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