



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.

STAMP

FOR SECRETARY OF STATE USE ONLY

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2023 APR -5 A 11:12

1. Entity ID Number 000073140		2. Exact name of the Corporation VNA Technicare, Inc.	
3. Principal Office Address 622 George Washington Highway		City Lincoln	State RI
		Zip 02865	
4. NAICS Code 532290	6. Brief description of the character of business conducted in Rhode Island Sale, lease, and otherwise dealing with durable medical equipment and medical supplies.		
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 Nick Dominick, Jr.		Vice-President Name	
Street Address 593 Eddy Street		Street Address	
City Providence	State RI	Zip 02903	
Secretary Name Paul J. Adler		Treasurer Name Eva Greenwood	
Street Address 167 Point Street		Street Address 167 Point Street	
City Providence	State RI	Zip 02903	City Providence
			State RI
			Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Paul J. Adler		Director Name Eva Greenwood	
Street Address 167 Point Street		Street Address 167 Point Street	
City Providence	State RI	Zip 02903	City Providence
			State RI
			Zip 02903
Director Name Nicholas Dominick, Jr.		Director Name	
Street Address 593 Eddy Street		Street Address	
City Providence	State RI	Zip 02903	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	
		1,000	Common
			\$1.00
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 Paul J. Adler			Date 2/11/2023
Signature of Authorized Representative 			

FILED

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

APR 05 2023
 BY ML 100095434