



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

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number <u>000690513</u>		2. Exact name of the Corporation <u>ADUCARE HEALTH GROUP Inc.</u>		2023 APR 20 P 12:13	
3. Principal Office Address <u>P.O. Box 4970</u>		City <u>Rumford</u>	State <u>RI</u>	Zip <u>02916</u>	
4. NAICS Code <u>621610</u>	6. Brief description of the character of business conducted in Rhode Island <u>HEALTH CARE</u>				
5. State of Incorporation <u>R.I.</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Joseph T. RYAN</u>			Vice-President Name		
Street Address <u>200 ROGER WILKINS AVE #407</u>			Street Address		
City <u>Rumford</u>	State <u>R.I.</u>	Zip <u>02916</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <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
		<u>2000</u>		<u>STK</u>	<u>0.01</u>
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 <u>Joseph T Ryan</u>				Date <u>4-20-2023</u>	
Signature of Authorized Representative				1213 APR 20 2023 BY <u>PCSPV</u>	