RI SOS Filing Number: 202338522320 Date: 6/20/2023 4:00:00 PM

State of Rhode Island					-		
Department of Sta	ate - Busin	ess Services I	Division				
Annual Report for the ye	ar.						
Corporation 2023			ר היים וויים אים היים היים היים היים היים היים הי				
Filing period: February 1 - May 1				7.1. F	,		
→ Filing Fee: \$50.00	-						
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.			2023 JUN 20 A II: 51				
1. Entity ID Number	2. Exact name of the Corporation						
000016750							
3. Principal Office Address			City		State	Zip	
235 Lonsdale Avenue			1	Pawtucket		02860	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island						
621610	Home Health Care Agency						
5. State of Incorporation	7						
Rhode Island							
7. List ALL officers (names and add President Name	dresses)		100 00 11	Check	the box to i	ndicate an attachment 🔲	
Marie E. Issa				Viœ-President Name Louis Paolino			
Street Address			Street Address				
19 Heritage Drive	State	17:-	19 Heri	19 Heritage Drive			
Lincoln	R.I.	Zip 02865	City		State R.T.	Zip	
Secretary Name Marie E. Issa				Treasurer Name Louis Paolino			
Street Address			-	·			
19 Heritage Drive		Street Address 19 Heritage Drive					
City Lincoln	State R.I.	Zip 02865	City		State	Zip	
8. List ALL directors (names and a	ddresses)	[02003	Lincoln	Check	R.I.	02865	
Director Name Director Name						Totale air Bitaeriment	
Street Address			Louis Paolino Street Address				
19 Heritage Drive				19 Heritage Drive			
City Lincoln	State R.I.	Zip 02865	City		State	Zip	
Director Name	<u>.l</u>	102003	Lincoln Director Name		R.I.	02865	
Street Address			Street Addres	Street Address			
City	State	Zip	City	<u>-</u>	State	Zip	
9. Shares Authorized		10. Shares Iss	und	01			
This information is currently of record in the Department of State. Changes require an additional filing.			BER OF SHARES CLASSIGER		k the box to indicate an attachment PAR VALUE		
		410		Common		No Par	
		- 110	110			NO TAL	
11. This report must be executed of	n behalf of the	corporation by an a	uthorized repre-	sentative If the com	oration is in t	he hands of a receiver or	
trustee, this report must be execute	ed on behalf of	the corporation by	the receiver or to	rustee			
Under penalty of perjury, I decla statements, and that all stateme	re and affirm : nts contained	that I have examine	ed this report, i	ncluding any acco	mpanying s	chedules and	
Name of Authorized Representativ	е		O CON ECT		Date	<u></u>	
MRIE EISSA				6/20/0023			
Signature of Authorized Representative			FILED				
Thank & Josa							
MAIL TO:			11 N 9 A 2	กรร		<u> </u>	

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov N 20 2023 / >NK>M. 11:51

FORM 630 - Revised: 2/2023