



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

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R.I. DEPARTMENT OF STATE

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number 000016750		2. Exact name of the Corporation LIFETIME MEDICAL AND TEMPS, INC.			
3. Principal Office Address 235 Lonsdale Avenue		City Pawtucket		State R.I.	Zip 02860
4. NAICS Code 621610		6. Brief description of the character of business conducted in Rhode Island Home Health Care Agency			
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 Marie E. Issa			Vice-President Name Louis Paolino		
Street Address 19 Heritage Drive			Street Address 19 Heritage Drive		
City Lincoln	State R.I.	Zip 02865	City Lincoln	State R.I.	Zip 02865
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 Lincoln	State R.I.	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Marie E. Issa			Director Name Louis Paolino		
Street Address 19 Heritage Drive			Street Address 19 Heritage Drive		
City Lincoln	State R.I.	Zip 02865	City Lincoln	State R.I.	Zip 02865
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		410		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 MARIE E. ISSA				Date 6/20/2023	
Signature of Authorized Representative <i>Marie E. Issa</i>				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

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BY *[Signature]* 2NK2M.
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