



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2020

Corporation

→ 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 000727389		2. Exact name of the Corporation CARE THREAD, INC.	
3. Principal Office Address 225 DYER STREET, FL 2		City PROVIDENCE	State RI
		Zip 02903	
4. NAICS Code 518210	6. Brief description of the character of business conducted in Rhode Island Software as a service (SAAS) services featuring software for messaging, task and workflow management, analytics, collaboration, and decision support among healthcare professionals and facilities.		
5. State of Incorporation DELAWARE			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Nicholas Thomas Adams		Vice-President Name Andrew Shearer	
Street Address 307 Summer Hill Road		Street Address 19 Wildflower Road	
City Madison	State CT	City Barrington	State RI
Zip 06443		Zip 02806	
Secretary Name Judith Fabian		Treasurer Name Nicholas Thomas Adams	
Street Address 953 Paloma Avenue		Street Address 307 Summer Hill Road	
City Burlingame	State CA	City Madison	State CT
Zip 94010		Zip 06443	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Nicholas Thomas Adams		Director Name Andrew Shearer	
Street Address 307 Summer Hill Road		Street Address 19 Wildflower Road	
City Madison	State CT	City Barrington	State RI
Zip 06443		Zip 02806	
Director Name Judith Fabian		Director Name	
Street Address 953 Paloma Avenue		Street Address	
City Burlingame	State CA	City	State
Zip 94010		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		1,185,320	Common
			\$0.0001
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 Nicholas Thomas Adams		Date 01/17/2024	
Signature of Authorized Representative <i>Nicholas T. Adams</i>		FILED JAN 19 2024	

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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