



**State of Rhode Island
Department of State - Business Services Division**

STAMP

Annual Report for the year: **2019**

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	Zip 06443	City Barrington	State RI	Zip 02806
Secretary Name Judit Fabian			Treasurer Name Nicholas Thomas Adams		
Street Address 953 Paloma Avenue			Street Address 307 Summer Hill Road		
City Burlingame	State CA	Zip 94010	City Madison	State CT	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	Zip 06443	City Barrington	State RI	Zip 02806
Director Name Judit Fabian			Director Name		
Street Address 953 Paloma Avenue			Street Address		
City Burlingame	State CA	Zip 94010	City	State	Zip
9. Shares Authorized 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.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		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. <i>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.</i>					
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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