



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

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

FILED STAMP

MAR 07 2024

BY 2234 DS

1. Entity ID Number 86034		2. Exact name of the Corporation CAPITOL HOME CARE NETWORK, INC.			
3. Principal Office Address 400 Reservoir Avenue, Ste 1K			City Providence	State RI	Zip 02907
4. NAICS Code 621610		6. Brief description of the character of business conducted in Rhode Island Providing home health care services, including but not limited to nursing services, home making services, social services, psychological services and ca			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Mary Benway			Vice-President Name Nicholas Passarelli		
Street Address P.O. Box 507			Street Address 28 Split Creek Court		
City North Kingstown	State RI	Zip 02852	City Cranston	State RI	Zip 02921
Secretary Name Mary Benway			Treasurer Name Nicholas Passarelli		
Street Address P.O. Box 507			Street Address 28 Split Creek Court		
City North Kingstown	State RI	Zip 02852	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Nicholas Passarelli			Director Name Mary Benway		
Street Address 28 Split Creek Court			Street Address P.O. Box 507		
City Cranston	State RI	Zip 02921	City North Kingstown	State RI	Zip 02852
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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	
		300	Common	No	
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. <b>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.</b>					
Name of Authorized Representative Nicholas Passarelli, Treasurer				Date 2/14/24	
Signature of Authorized Representative 					

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov