



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.

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1. Entity ID Number 000073140		2. Exact name of the Corporation VNA Technicare, Inc.			
3. Principal Office Address 622 George Washington Highway			City Lincoln	State RI	Zip 02865
4. NAICS Code 532290		6. Brief description of the character of business conducted in Rhode Island Sale, lease, and otherwise dealing with durable medical equipment and medical supplies.			
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 Nick Dominick, Jr.			Vice-President Name		
Street Address 593 Eddy Street			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Paul J. Adler			Treasurer Name Eva Greenwood		
Street Address 167 Point Street, Suite 2B			Street Address 167 Point Street, Suite 2B		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02900
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Nicholas Dominick, Jr.			Director Name Eva Greenwood		
Street Address 593 Eddy Street			Street Address 167 Point Street, Suite 2B		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name John Fernandez, Pres & CEO Lifespan			Director Name Paul J. Adler		
Street Address 167 Point Street, Suite 2B			Street Address 167 Point Street, Suite 2B		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
9. Shares Authorized		10. Shares Issued 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.		NUMBER OF SHARES		CLASS/SERIES	
		1000		\$1.00	
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 Paul J. Adler					Date 2/28/2024
Signature of Authorized Representative 					

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

MAR 14 2024
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