



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$50.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Business Corporation  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024:** 2024

**1. Corporate ID No.** 001747451

**2. Name of Corporation** Crescent Healthcare, Inc.

**3. Street Address Principal Business Office:**

No. and Street: 3000 LAKESIDE DRIVE, SUITE 300N

City or Town: BANNOCKBURN

State: IL Zip: 60015 Country: USA

**4. Business Phone No.**

**5. State of Incorporation**

State: CA

**NAICS CODE**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

446110

**6. Brief Description of the Character of Business Conducted in Rhode Island**

HOME INFUSION PHARMACY

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
-------	--	--

PRESIDENT	MICHAEL SHAPIRO	3000 LAKESIDE DRIVE, SUITE 300N BANNOCKBURN, IL 60015 USA
TREASURER	MICHAEL SHAPIRO	SUITE 300N 3000 LAKESIDE DRIVE BANNOCKBURN, IL 60015 USA
SECRETARY	COLLIN SMYSER	SUITE 300N 3000 LAKESIDE DRIVE BANNOCKBURN, IL 60015 USA
DIRECTOR	MICHAEL SHAPIRO	SUITE 300N 3000 LAKESIDE DRIVE BANNOCKBURN, IL 60015 USA

**8. Shares Authorized and Issued**

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.0100	50,000.00	50000

**9. 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.**

**Signed this 23 Day of April, 2024 at 3:22:13 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By COLLIN SMYSER  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

© 2007 - 2024 State of Rhode Island  
All Rights Reserved