



**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

**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 2025:** 2025

**1. Corporate ID No.** 000087483

**2. Name of Corporation** A Caring Experience Nursing Services, Inc.

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

No. and Street: 815 RESERVOIR AVENUE

City or Town: CRANSTON

State: RI

Zip: 02910

Country: USA

**4. Business Phone No.**

4016483835

**5. State of Incorporation**

State: RI

**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.

623110

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

TO PROVIDE HOME HEALTH AND NURSING SERVICES.

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

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.**

| Title         | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|---------------|------------------------------------------------|------------------------------------------------------------|
| PRESIDENT     | DEAN N DENUCCIO                                | 815 RESERVOIR AVENUE<br>CRANSTON, RI 02910 USA             |
| OTHER OFFICER | DIANE TOHER                                    | 815 RESERVOIR AVE<br>CRANSTON, RI 02910 UNI                |

8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per<br>Share | Total Authorized<br>Shares<br><i>Number of Shares</i> | Total Issued<br>and<br>Outstanding<br><i>Num of<br/>Shares</i> |
|----------------|-----------------|------------------------|-------------------------------------------------------|----------------------------------------------------------------|
| STK            |                 | \$0.0000               | 5,000.00                                              | 5000                                                           |

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 25 Day of January, 2025 at 2:15:09 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 DEAN DENUCCIO  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

© 2007 - 2025 State of Rhode Island  
All Rights Reserved