



State of Rhode Island

## Department of State - Business Services Division

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25 APR 14 AM 10:29:08

Annual Report for the year: 2025

## Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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		CLASS/SERIES	
		NUMBER OF SHARES	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	
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

FILED

APR 14 2025  
BY 2294

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FORM 630 - Revised: 11/2021