



State of Rhode Island

Department of State - Business Services Division

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.

 REC'D RIDOS BSD
 25 APR 14 PM 10:29:19

1. Entity ID Number 63085		2. Exact name of the Corporation Phenix Home Care & Nursing Service, Inc.												
3. Principal Office Address 227 PHENIX AVENUE			City CRANSTON	State RI	Zip 02920									
4. NAICS Code 621610	6. Brief description of the character of business conducted in Rhode Island HOME CARE NURSING SERVICES													
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 NICHOLAS PASSARELLI, JR.			Vice-President Name NICHOLAS PASSARELLI, JR.											
Street Address 227 PHENIX AVENUE			Street Address 227 PHENIX AVENUE											
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920									
Secretary Name KARA BADESSA			Treasurer Name KATHLEEN PASSARELLI											
Street Address 227 PHENIX AVENUE			Street Address 227 PHENIX AVENUE											
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name NICHOLAS PASSARELLI, JR.			Director Name											
Street Address 227 PHENIX AVENUE			Street Address											
City CRANSTON	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
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.			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">NUMBER OF SHARES</th> <th style="text-align: center;">CLASS/SERIES</th> <th style="text-align: center;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">100</td> <td style="text-align: center;">CNP</td> <td style="text-align: center;">\$0.000000</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	CNP	\$0.000000			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
100	CNP	\$0.000000												
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 NICHOLAS PASSARELLI, JR.				Date 2/24/25										
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

APR 14 2025
 BY 2093 AA

FORM 630 - Revised: 11/2021