



**State of Rhode Island
Department of State - Business Services Division**

FILED

Annual Report for the year: 2025
Corporation

APR 21 2025

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

(CB)

BY 3379

1. Entity ID Number <u>791056</u>		2. Exact name of the Corporation <u>O'Hara Senior Care Services, Inc</u>			
3. Principal Office Address <u>2400 Pawtucket Ave</u>		City <u>East Providence</u>	State <u>RI</u>	Zip <u>02914</u>	
4. NAICS Code <u>Lea</u>		6. Brief description of the character of business conducted in Rhode Island <u>non-medical</u>			
5. State of Incorporation <u>Rhode Island</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>Brendalee O'Hara</u>		Vice-President Name			
Street Address <u>45 Topsail Dr.</u>		Street Address			
City <u>Tiverton</u>	State <u>RI</u>	Zip <u>02878</u>	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <u>Brendalee O'Hara</u>		Director Name			
Street Address <u>45 Topsail Dr.</u>		Street Address			
City <u>Tiverton</u>	State <u>RI</u>	Zip <u>02878</u>	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.		NUMBER OF SHARES			CLASS/SERIES
		<u>1000</u>			<u>CNP</u>
				<u>\$0</u>	
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 <u>Brendalee O'Hara</u>				Date <u>4/14/25</u>	
Signature of Authorized Representative <u>Brendalee O'Hara</u>					

MAIL TO:
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Website: www.sos.ri.gov