



State of Rhode Island
Department of State - Business Services Division

STAMP

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 000974695		2. Exact name of the Corporation Nash Corp.			
3. Principal Office Address 1444 Warwick Avenue			City Warwick	State RI	Zip 02888
4. NAICS Code 621610		6. Brief description of the character of business conducted in Rhode Island Home health care services exclusively as a franchise of Right at Home, Inc.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Naomi Cotrone			Vice-President Name Asher Fink		
Street Address 1444 Warwick Avenue			Street Address 1444 Warwick Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name Naomi Cotrone			Treasurer Name Asher Fink		
Street Address 1444 Warwick Avenue			Street Address 1444 Warwick Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE No Par
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 Naomi Cotrone, President				Date 5-2-25	
Signature of Authorized Representative <i>Naomi Cotrone</i>				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

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