



**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

**Foreign 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. 001760635

2. Name of Corporation CARE CONNECTORS MEDICAL GROUP, INC.

3. Street Address Principal Business Office:

No. and Street: 4695 MACARTHUR CT 1112A

City or Town: NEWPORT BEACH

State: CA Zip: 92660 Country: USA

4. Business Phone No.

5. State of Incorporation

State: CA

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.

621610

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

HOME HEALTH CARE SERVICES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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SECRETARY	VINOD KANNARKAT	4695 MACARTHUR CT 1112A NEWPORT BEACH, CA 92660 USA
CEO	VINOD KANNARKAT	4695 MACARTHUR CT 1112A NEWPORT BEACH, CA 92660 USA
CFO	VINOD KANNARKAT	695 MACARTHUR CT 1112A NEWPORT BEACH, CA 92660 USA
DIRECTOR	VINOD KANNARKAT	4695 MACARTHUR CT 1112A NEWPORT BEACH, CA 92660 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP	N/A	\$0.0100	10,000.00	0

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 7 Day of July, 2025 at 9:13:35 AM. *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 VINOD KANNARKAT

Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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