



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.

FILED
JUL 14 2025
R.I. DEPT. OF STATE
BUS SVCS DIV
2025 JUL 14 P 1:44

1. Entity ID Number 001752068		2. Exact name of the Corporation ComfortCare Inc.	
3. Principal Office Address 372 BROADWAY UNIT A2		City NEWPORT	State RI
4. NAICS Code 621610		6. Brief description of the character of business conducted in Rhode Island NON-SKILLED HOMECARE SERVICES	
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name IYABODE ALFRED		Vice-President Name	
Street Address 22 WINSOR AVENUE		Street Address	
City JOHNSTON	State RI	Zip 02919	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized 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 0	CLASS/SERIES Nw
			PAR VALUE 0.0
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 IYABODE ALFRED		Date 7/1/2025	
Signature of Authorized Representative 			

MAIL TO:
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