	State of Rhode Office of the Secret		Fee: \$20.00
	Division Of Busines 148 W. River S		
HOPE	Providence RI 029 (401) 222-30		
Foreign Non-Profit			
Annual Report Filing Period: February 1	- May 1		
	L. 7-6-94, each corporation failing or rescribed by law (R.I.G.L. 7-6-91) is subj		l
ANNUAL REPORT YEA	R: <u>2022</u>		
1. Corporate ID No.	000096244		
2. Name of Corporation	n Southcoast Visiting Nurse Associ	ation, Inc.	
3. State of Incorporati	on		
State: <u>MA</u>			
based on the chosen sel	entity engages. The box to the right of t ection. If the NAICS Code is known, e g a classification <u>click here.</u>		
<u>813990</u>			
4. Principal Office Add	ress		
	00 MILL ROAD AIRHAVEN State: MA	Zip: <u>02719</u>	Country: <u>USA</u>
5. Brief Description of	the Character of the Affairs Conduc	ted in Rhode Island	
TO PROVIDE COMP RELATED SERVICES	REHENSIVE HOME AND COMM	/UNITY-BASED H	EALTH CARE AND
6. Names and Address All officers and direc	es of the Officers and Directors: tors must be listed.		
Title	Individual Name	Ac	ldress
	First, Middle, Last, Suffix	Address, City or Town	, State, Zip Code, Country
PRESIDENT	RAYFORD KRUGER MD		) MILL ROAD I, RI 02719 USA
TREASURER	WADE BROUGHMAN		) MILL ROAD

	FAIRHAVEN, MA 02719 USA
RENEE CLARK	200 MILL ROAD FAIRHAVEN, MA 02719 USA
CURTIS MELLO MD	200 MILL ROAD FAIRHAVEN, MA 02719 USA
CHANDRA REDDIVARI MD	200 MILL ROAD FAIRHAVEN, MA 02719 USA
MIGUEL BRILLANTES MD	200 MILL ROAD FAIRHAVEN, MA 02719 USA
GEORGINA K NOUAIME MD	200 MILL ROAD FAIRHAVEN, MA 02719 USA
JEFFREY LAWRENCE MD	200 MILL ROAD FAIRHAVEN, MA 02719 USA
SAREEM WANI MD	200 MILL ROAD FAIRHAVEN, MA 02719 USA
	CURTIS MELLO MD         CHANDRA REDDIVARI MD         MIGUEL BRILLANTES MD         GEORGINA K NOUAIME MD         JEFFREY LAWRENCE MD

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

DANIEL SULLIVAN, ESQ. ROBINSON & COLE LLP ONE FINANCIAL PLAZA, SUITE 1430 PROVIDENCE, RI 02903

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

**Signed this 3 Day of June, 2022 at 1:38:48 PM by the authorized person.** *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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.* 

By <u>RAYFORD KRUGER, M.D.</u> Signature of Authorized Person

Form No. 631 Revised 09/07

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