	State of Rhode Office of the Secret		Fee: \$20.00
	Division Of Busines 148 W. River S		
	Providence RI 029		
1636	(401) 222-30		
	(401) 222-30	40	
Foreign Non-Profit			
Annual Report Filing Period: February 1 - May	1		
In accordance with R.I.G.L. 7-6 annual report within the time p	· · · · · · · · · · · · · · · · · · ·		Ś
penalty fee of \$25.00.	escribed by law (N.I.G.L. 7-0		
ANNUAL REPORT YEAR: 202	3		
1. Corporate ID No. <u>00009</u>	96244		
2. Name of Corporation <u>Sout</u>	hcoast Visiting Nurse Asso	ciation, Inc.	
3. State of Incorporation			
State: <u>MA</u>			
	ARTICLE III		
Using the dropdown labeled N primary type of activity in whic populate a NAICS Code based box on the right. For further as	ch your entity engages. The d on the chosen selection. If	box to the right of th the NAICS Code is	ne dropdown will known, enter it into the
NAICS Code			
813990			
4. Principal Office Address			
No. and Street: 200 MI			
	LL ROAD	7in(0.02710)	Country: USA
City or Town: <u>FAIRH</u>			Country: <u>USA</u>
5. Brief Description of the Ch	aracter of the Affairs Condu	icted in Rhode Isla	nd
TO PROVIDE COMPREHE	NSIVE HOME AND CON	MUNITY-RASEI) HEALTH CARE
AND RELATED SERVICES			
	<u>-</u>		
6. Names and Addresses of t	he Officers and Directors:		
All officers and directors m	ust be listed.		
Title	Individual Name	Ac	Idress
<u> </u>	First, Middle, Last, Suffix		n, State, Zip Code, Country
1			

PRESIDENT	RAYFORD KRUGER MD	200 MILL ROAD FAIRHAVEN, RI 02719 USA
TREASURER	WADE BROUGHMAN	200 MILL ROAD FAIRHAVEN, MA 02719 USA
CLERK	RENEE CLARK	200 MILL ROAD FAIRHAVEN, MA 02719 USA
DIRECTOR	CURTIS MELLO MD	200 MILL ROAD FAIRHAVEN, MA 02719 USA
DIRECTOR	JEFFREY LAWRENCE MD	200 MILL ROAD FAIRHAVEN, MA 02719 USA
DIRECTOR	PATRICIA BUIOCCHI	200 MILL ROAD FAIRHAVEN, MA 02719 USA
DIRECTOR	JAMES WITKOWSKI MD	200 MILL ROAD FAIRHAVEN, MA 02719 USA
DIRECTOR	CHANDRA REDDIVARI MD	200 MILL ROAD FAIRHAVEN, MA 02719 USA
DIRECTOR	MIGUEL BRILLANTES MD	200 MILL ROAD FAIRHAVEN, MA 02719 USA

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 1 Day of February, 2023 at 9:56:27 AM 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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