



Secretary of State
Statement of Information
 (California Stock, Agricultural
 Cooperative and Foreign Corporations)

SI-550

19-081028

IMPORTANT — Read instructions **before** completing this form.

Fees (Filing plus Disclosure) — \$25.00;

Copy Fees — First page \$1.00; each attachment page \$0.50;
 Certification Fee — \$5.00 plus copy fees

FILED
 Secretary of State
 State of California

DEC 02 2019

1. Corporation Name (Enter the exact name of the corporation as it is recorded with the California Secretary of State. Note: If you registered in California using an assumed name, see instructions.)

ALITY HOME HEALTH CARE INC.

This Space For Office Use Only

2. 7-Digit Secretary of State File Number

C-3375012

3. Business Addresses

a. Street Address of Principal Executive Office - Do not list a P.O. Box 27171 CALAROGA AVE STE 100, 425	City (no abbreviations) HAYWARD	State CA	Zip Code 94545
b. Mailing Address of Corporation, if different than Item 3a	City (no abbreviations)	State	Zip Code
c. Street Address of Principal California Office, if any and if different than Item 3a - Do not list a P.O. Box	City (no abbreviations)	State CA	Zip Code

4. Officers

The Corporation is required to list all three of the officers set forth below. An additional title for the Chief Executive Officer and Chief Financial Officer may be added; however, the preprinted titles on this form must not be altered.

a. Chief Executive Officer/ MALA	First Name	Middle Name	Last Name SHARMA	Suffix
Address 27171 CALAROGA AVE SUITE 100, 425			City (no abbreviations) HAYWARD	State CA Zip Code 94545
b. Secretary MALA	First Name	Middle Name SH	Last Name SHARMA	Suffix
Address 27171 CALAROGA AVE SUITE 100, 425			City (no abbreviations) HAYWARD	State CA Zip Code 94545
c. Chief Financial Officer/ MEENAKSHI	First Name	Middle Name	Last Name AHUJA	Suffix
Address 27171 CALAROGA AVE SUITE 100, 425			City (no abbreviations) HAYWARD	State CA Zip Code 94545

5. Director(s)

California Stock and Agricultural Cooperative Corporations ONLY: Item 5a: At least one name and address must be listed. If the Corporation has additional directors, enter the name(s) and addresses on Form SI-550A (see instructions).

a. First Name MALA	Middle Name	Last Name SHARMA	Suffix
Address 27171 CALAROGA AVE SUITE 100, 425		City (no abbreviations) HAYWARD	State CA Zip Code 94545
b. Number of Vacancies on the Board of Directors, if any			

6. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL — Complete Items 6a and 6b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation) MEENAKSHI	Middle Name	Last Name AHUJA	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 27171 CALAROGA AVE SUITE 100, 425	City (no abbreviations) HAYWARD	State CA	Zip Code 94545

CORPORATION — Complete Item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) — Do not complete Item 6a or 6b

7. Type of Business

Describe the type of business or services of the Corporation
HOME HEALTH

8. The Information contained herein, including in any attachments, is true and correct.

11/26/2019 **MEENAKSHI AHUJA**
 Date Type or Print Name of Person Completing the Form

[Signature]
 Signature