

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River St., Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

. Corporate ID No. 18290	2. Name of Corpora	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. 2. Name of Corporation THE LAUREL FOSTER HOME, INC.				
3. Street Address Principal Business Office 359 BROAD STREET			City PROVIDENCE	State RI	<i>Zip</i> 02907-	
Business Phone No. 4018210136	and a stronger-department of states and relating personal persons and a state of state of state of state of the state of t	5. State of Incorporatio RHODE ISLAND		d by Company of Securic a concession and a specific by Securic construction and an age of the following construction	Annually to the contract of th	
. Brief Description of the Ch GENERAL OPERATION	naracter of Business Cond OF A NURSING H	lucted in Rhode Island DME				
President Name			Vice President Name			
David M Ryan			« Sally J Ryan			
Street Address			Street Address			
101 Melrose Ave			. 101 Melrose Ave			
City	State	Zip	City	State	Zip	
Jamestown	RI	02835	- Jamestown	RI	02835	
ecretary Name		,	Treasurer Name			
Terry A Carragher			David M Ryan			
Street Address			* Street Address			
232 Broadway			.101 Melrose Ave			
City	State	Zip	City	State	Zip	
Providence	RI	02903	, Jamestown	RI	02835	
Director Name			Director Name Street Address			
Street Address			*			
City	State	Zip	*City	State	Zip	
Dîrector Name			Director Name			
Street Address			«Street Address	ronaeddin alled da'r arige Wy ar ar ar ann andro Arid alled y fearnn ann ann ann an Arid alled Y ag i'r ar ann ann an Arid alled Y ag i'r ar ann ann an Arid alled Y ag i'r ar ann ann an Arid alled Y ag i'r ar ann ann an Arid alled Y ag i'r ar ann ann an Arid alled Y ag i'r ar ann ann an Arid alled Y ag i'r ar ann ann an Arid alled Y ag i'r ar ann an Arid alled Y ag i'r ar ann ann an Arid alled Y ag i'r ar an Ar	V Chrysleig (M.), Mail Sain Se in mannesseranten (M.), Mail Alband Sharman non normal send. M. S. (S. Addresser in vision and	
City	State	Zip	City	State	Zip	
			ISSUED SHARES			
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
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		ry de se gamentalment de valende de Ned American en en en fysione de se antición constituiny e todas y american	29 days by the grant of the control 166,000 diseases in the control 2111 to 166,000 to 167,000 to 1			
This report must be executed on beha	alf of the corporation by an autho	rized representative. If the corporation	n is in the hands of a receiver or trustee, th	is report must be executed on behalf of	of the corporation by the receiver or t	
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FOR SECRETARY OF STATE USE ONLY

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.

Q 36 -

Signature
Terry A Carragher
Print or Type Name

Secretary

Secretary

Form 630 12/05