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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

**** In accordance with R.I.G.L. 7-1.2-1501(e), 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.***

1. Corporate ID No.	2. Name of Corporation		
110191	ADCARE HOSPITAL OF WORCESTER, INC.		
3. Street Address Principal Business Office	City	State	Zip
107 LINCOLN STREET	WORCESTER	MA	01605
4. Business Phone No.	5. State of Incorporation		
508-799-9000	MASSACHUSETTS		

6. Brief Description of the Character of Business Conducted in Rhode Island
OUTPATIENT SUBSTANCE ABUSE COUNSELING

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
DAVID W HILLIS	17 MONTCLAIR DRIVE	WORCESTER	MA	01609

Vice President Name	Street Address	City	State	Zip
DAVID W HILLIS, JR	107 LINCOLN STREET	WORCESTER	MA	01605

Secretary Name	Street Address	City	State	Zip
LOIS M SCOTT	32 AIRPORT ROAD	NORTH GRAFTON	MA	01536

Treasurer Name	Street Address	City	State	Zip
JEFFREY W HILLIS	5 COLD SPRING LANE	HUDSON	MA	01749

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☒ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
DONALD L HALL	4 OLD COLONY DRIVE	WESTBORO	MA	01581

Director Name	Street Address	City	State	Zip
PHILIP D PETERS	791 FRANK SMITH ROAD	LONGMEADOW	MA	01106

Director Name	Street Address	City	State	Zip
REV. PAUL D KENNEDY, DD	121 NEWTON AVENUE NORTH	WORCESTER	MA	01609

Director Name	Street Address	City	State	Zip
MARY JANE MCKENNA	31 BLOSSOM SQUARE	HOLDEN	MA	01520

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	COMMON	NO PAR

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
93	COMMON	NO PAR

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.

[redacted] [redacted]

File Date FILED
Check No. DEC 18 2007
By: By 63952

FOR SECRETARY OF STATE USE ONLY

16901-7-186657

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.

Signature [redacted] *Date* 12/13/07

JEFFREY W HILLIS
Print or Type Name

[redacted]
TREASURER
Title

Form 630 Rev 12/06

AdCare Hospital of Worcester, Inc.

Rhode Island-Profit Corporation Annual Report
For the Year Ending September 30, 2007

Federal Identification No. 04-2053042

NAME OF OFFICE	NAME	ADDRESSES	EXPIRATION OF TERM OF OFFICE
Director	Ronald F. Pike, M.D.	107 Lincoln Street Worcester, MA 01605	*
Director	Walter R. Schur, M.D.	367 Main Street Oxford, MA 01540	*
DIRECTOR	MICHAEL TSOTSIS	91 BRINTNAL DRIVE RUTLAND, MA 01543	*

* Until successor is elected and duly qualified.

FILED

DEC 18 2007

By 110191