



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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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. 46257		2. Name of Corporation ELMHURST HEALTH ASSOCIATES, INC.			
3. Street Address Principal Business Office 825 Chalkstone Avenue			City Providence	State RI	Zip 02908
4. Business Phone No. (401) 456-2476		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island Health Care Services					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert A. Urciuoli			Vice President Name None		
Street Address 825 Chalkstone Avenue			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
Secretary Name James R. McGuirk			Treasurer Name John Schibler		
Street Address 825 Chalkstone Avenue			Street Address 825 Chalkstone Avenue		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Ursula Beauregard			Director Name James R. McGuirk		
Street Address 825 Chalkstone Avenue			Street Address 825 Chalkstone Avenue		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Director Name John Schibler			Director Name		
Street Address 825 Chalkstone Avenue			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 SHS COM \$1.00 PAR			100	Common Stock	\$1.00 Par Value

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.

FILED

File Date DEC 28 2007
Check No. By 045631 3:23
By: _____

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.

Kimberly A. O'Connell 12/20/07
Signature Date

Kimberly A. O'Connell
Print or Type Name

General Counsel

Title