



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

Fee: \$50.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

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.

ANNUAL REPORT YEAR: 2008

1. Corporate ID No. 000179758

2. Name of Corporation Norton and Associates, Inc.

3. Street Address Principal Business Office:

No. and Street: 34 ELM STREET

City or Town: COHASSET

State: MA

Zip: 02025

Country: USA

4. Business Phone No.

781-383-3800

5. State of Incorporation

State: MA

6. Brief Description of the Character of Business Conducted in Rhode Island

PROVIDE REHAB THERAPY AND TEMPORARY NURSING STAFFING SERVICES TO NURSING HOMES

7. Names and Addresses of the Officers and Directors:

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	JAMES J NORTON	133 NICHOLS ROAD COHASSET, MA 02025 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.01	200,000.00	100

9. 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.

Signed this 8 Day of January, 2008 at 9:35:36 AM by the incorporator(s). *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By JOSEPH MAGUIRE
Signature of Authorized Representative of the Corporation

DIRECTOR OF HUMAN RESOURCES
Title

Form No. 630
Revised 09/07

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