



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. 85521		2. Name of Corporation GLEASON Medical Services INC.			
3. Street Address Principal Business Office 1145 Reservoir Avenue		City CRANSTON	State R.I.		
4. Business Phone No. 401-943-3536		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island PROVISION OF HOME HEALTH SERVICES, LICENSED HOME NURSING CARE PROVIDER.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name PATRICIA A. GLEASON		Vice President Name JAMES F. GLEASON			
Street Address 6 FOREST LANE		Street Address 6 FOREST LANE			
City CAROLINA	State R.I.	City CAROLINA	State RI		
Zip 02812		Zip 02812			
Secretary Name PATRICIA A. GLEASON		Treasurer Name JAMES F. GLEASON			
Street Address 6 FOREST LANE		Street Address 6 FOREST LANE			
City CAROLINA	State RI	City CAROLINA	State RI		
Zip 02812		Zip 02812			
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name PATRICIA A. GLEASON		Director Name			
Street Address 6 FOREST LANE		Street Address			
City CAROLINA	State RI	City	State		
Zip 02812		Zip			
Director Name		Director Name			
Street Address		Street Address			
City	State	City	State		
Zip		Zip			
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES		ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000 SHS NO PAR VALUE			NONE		

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.

File Date	FILED
Check No.	JAN 09 2008
By	1974
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.

Signature: Patricia A. Gleason Date: 1/8/08  
Print or Type Name: PATRICIA A. GLEASON

Title