

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. 42249	2. Name of Corporation Network, Inc.							
3. Street Address Principal Business Office 86 Mount Hope Avenue			City Providence	State RI	Ζφ 02906			
4. Business Phone No. 5. State of Incorporation (401) 274-6319 Rhode Island								
6. Brief Description of the Character of Business Conducted in Rhode Island To seek employment and theraputic services for emotionally disturbed persons								
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS								
Dr. June Groden			Dr. Gerald Groden					
Street Address 86 Mount Hope Avenue			Street Address 86 Mount Hope Avenue					
City Providence	State RI	<i>z_i,</i> 02906	Gio Providence	State RI	χφ 02906			
Secretary Name Dr. Gerald Groden			Treasurer Name Dr. June Groden					
Sovet Address			Street Address					
86 Mount Hope Avenue	81	25.	86 Mount Hope Avenue					
City Providence	State RI	^{Zip} 02906	City Providence	State RI	^{Zip} 02906 €}			
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS (0)								
Director Name			Director Name					
Dr. June Groden			Dr. Gerald Groden					
Street Address 86 Mount Hope Avenue			Street Address 86 Mount Hope Avenue					
City	State	Zip	City	State	Zip			
Providence	RI	02906	Providence	RI	02906			
Director Name			Director Name					
Street Address			Street Acktress	5 ⁵ 7				
City:	State	Zip	City	State	Zip N. T.			
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 1 ALTHORIZED SHARES 1 THIS SECTION MUST BE COMPLETED								
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Under penalty of perjury, I declare and affirm to including any accompanying schedules and sta	
contained herein are true and correct.	1/14/08
Signature Signature	Date
/Dr. June Groden	
Print or Type Name	
President	
Tiule	