



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 02904-2611
401.222.3044

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. 147851	2. Name of Corporation Affordable Care, Inc.
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3. Street Address Principal Business Office 4990 Hwy 70 West	City Kinston	State NC	Zip 28504
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4. Business Phone No. (252) 527-6121	5. State of Incorporation North Carolina
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5. Brief Description of the Character of Business Conducted in Rhode Island
Management Company and Leasing of Real Estate

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

President Name G. Timothy Pate			Vice President Name Kelly B. Patterson		
Street Address 4990 Hwy 70 West			Street Address 4990 Hwy 70 West		
City Kinston	State NC	Zip 28504	City Kinston	State NC	Zip 28504

Secretary Name John Michael Harlow			Treasurer Name S. Paul Steelman		
Street Address 4990 Hwy 70 West			Street Address 4990 Hwy 70 West		
City Kinston	State NC	Zip 28504	City Kinston	State NC	Zip 28504

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

Director Name G. Timothy Pate			Director Name S. Paul Steelman		
Street Address 4990 Hwy 70 West			Street Address 4990 Hwy 70 West		
City Kinston	State NC	Zip 28504	City Kinston	State NC	Zip 28504

Director Name Jon Isaacson			Director Name Sean Eagle		
Street Address 4990 Hwy 70 West			Street Address 4990 HWY 70 West		
City Kinston	State NC	Zip 28504	City Kinston	State NC	Zip 28504

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	Common	\$0.01 Par Value	100	Common	\$0.01
			THIS SECTION MUST BE COMPLETED		

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.

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.

John Michael Harlow 1/29/08
Signature Date
John Michael Harlow
Print or Type Name
Secretary
Title

File Date **FILED**
Check No. **FEB 1 2008**
By: *210103719*
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