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.	2. Name of Corporation			
000038685	CNC / Access, Inc.			
3. Street Address Principal Business Office		City	State	Zip
9901 Linn Station Road		Louisville	KY	40223
4. Business Phone No.	5. State of Incorporation			
502-394-2100	Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island				
Home Care Services				

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

President Name	Street Address	City	State	Zip
Ralph G. Gronefeld, Jr.	9901 Linn Station Road	Louisville	KY	40223
Vice President Name	**Street Address**	**City**	**State**	**Zip**
Allen Marchetti	9901 Linn Station Road	Louisville	KY	40223
Secretary Name	**Street Address**	**City**	**State**	**Zip**
David S. Waskey	9901 Linn Station Road	Louisville	KY	40223
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
David W. Miles	9901 Linn Station Road	Louisville	KY	40223

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

Director Name	Street Address	City	State	Zip
Ralph G. Gronefeld, Jr.	9901 Linn Station Road	Louisville	KY	40223
Director Name	**Street Address**	**City**	**State**	**Zip**
Allen Marchetti	9901 Linn Station Road	Louisville	KY	40223
Director Name	**Street Address**	**City**	**State**	**Zip**
Director Name	**Street Address**	**City**	**State**	**Zip**

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
5,000	Common	no par value

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	Common	no 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.

[redacted]

File Date FILED
Check No. FEB 15 2008
By: By 100080373
FOR SECRETARY OF STATE USE ONLY

[redacted]

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 *Date* 2/11/08

David S. Waskey
Print or Type Name

[redacted] Assistant Secretary
Title

Form 630 Rev. 12/06

#38685

CNC / Access, Inc.
Director and Officers

Name (Last, First Middle)	*Title*	*Business Addres*		
Gronefeld, Jr., Ralph G.	Director & President	9901Linn Station Road Louisville	KY	40223
Marchetti, Allen G.	Director & Vice President	9901Linn Station Road Louisville	KY	40223
Miles, David W.	Assistant Treasurer	9901Linn Station Road Louisville	KY	40223
Place, Lynne	Vice President	9901Linn Station Road Louisville	KY	40223
Waskey, David S.	Assistant Secretary	9901Linn Station Road Louisville	KY	40223

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FEB 15 2008
By 1076803 73

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