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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			
236882	Alta Healthcare, Inc			
3. Street Address Principal Business Office		City	State	Zip
74 Prince Street		Pawtucket	RI	02860
4. Business Phone No.	5. State of Incorporation			
8663564581	Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island				
Healthcare 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
Sony Vilbon	71 Loomis Street	Malden	MA	02148
Vice President Name	Street Address	City	State	Zip
Carline Vilbon	74 Prince Street	Pawtucket	RI	02860
Secretary Name	Street Address	City	State	Zip
Carline Vilbon	74 Prince Street	Pawtucket	RI	02860
Treasurer Name	Street Address	City	State	Zip
Sony Vilbon	71 Loomis Street	Malden	MA	02148

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

Director Name	Street Address	City	State	Zip
Sony Vilbon	71 Loomis Street	Malden	MA	02148
Director Name	Street Address	City	State	Zip
Carline Vilbon	74 Prince Street	Pawtucket	RI	02860
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
8000	Common	No Par

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
200	Common	No Par

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] [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.

Carline Vilbon 03/08/08
Signature *Date*

Carline Vilbon
Print or Type Name

[redacted] Secretary
Title

File Date FILED
Check No. MAR 14 2008
By: By 1027
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21541-12-246917

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