



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Molis, 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. 12005		2. Name of Corporation Edgemont, Incorporated			
3. Street Address Principal Business Office 394 New Meadow Road			City Barrington	State Rhode Island	Zip 02806
4. Business Phone No. 401-245-6830		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Assisted Living					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kathleen S. Henry			Vice President Name Shawn R. Henry		
Street Address 394 New Meadow Road			Street Address 157 Cherry Street		
City Barrington	State Rhode Island	Zip 02806	City Cambridge	State Ma.	Zip 02139
Secretary Name Kathleen S. Henry			Treasurer Name Kathleen S. Henry		
Street Address 394 New Meadow Road			Street Address 394 New Meadow Road		
City Barrington	State Rhode Island	Zip 02806	City Barrington	State Rhode Island	Zip 02806
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	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	NO PAR VALUE		10	Common	No Par
			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.

Kathleen S. Henry August 13, 2008
Signature Date

Kathleen S. Henry

Print or Type Name

President

Title

File Date **FILED**
Check No. **AUG 20 2008**
By [Signature]
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