RI SOS Filing Number: 200942492310 Date: 02/20/2009 2:38 PM

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

Fee: $50.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

Foreign Business Corporation
Annual Report

Filing Period: January 1 - March 1

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.

ANNUAL REPORT YEAR: 2009

1. Corporate ID No. 000145377

2. Name of Corporation Beacon Hospice, Inc.

3. Street Address Principal Business Office:

No. and Street: 529 MAIN STREET, SUITE 101
City or Town: CHARLESTOWN State: MA Zip: 02129 Country: USA

4. Business Phone No.

7814448185

5. State of Incorporation

State: DE

6. Brief Description of the Character of Business Conducted in Rhode Island

HOSPICE AND PALLIATIVE CARE SERVICES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	EDWARD E SARAIVA	529 MAIN ST CHARLESTOWN, MA 02129 USA
SECRETARY	MARK HADDAD	529 MAIN ST CHARLESTOWN, MA 02129 USA
PRESIDENT	BETTY JEAN BRENNAN	146 HIGH STREET NEWBURYPORT, MA 01950- USA
DIRECTOR	DUKE COLLIER	529 MAIN ST CHARLESTOWN, MA 02129 USA
DIRECTOR	WILLIAM LAPOINT	529 MAIN ST CHARLESTOW, MA 02129 USA
DIRECTOR	JACK DERBY	529 MAIN ST CHARLESTOWN, MA 02129 USA
DIRECTOR	WILLIAM NIMMO	529 MAIN ST CHARLESTOWN, MA 02129 USA
DIRECTOR	BETTY J BRENNAN	529 MAIN ST CHARLESTOWN, MA 02129 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares *Number of Shares*	Total Issued and Outstanding *Num of Shares*
CWP		$0.00	23,000,000.00	2372500
PWP		$0.00	18,365,000.00	18365000

9. 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.

Signed this 20 Day of February, 2009 at 2:40:43 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By EDWARD E SARAIVA
Signature of Authorized Representative of the Corporation

CFO
Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630
Revised 09/07