



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 2009

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. 74670 | | 2. Name of Corporation QUALITY GERONTOLOGICAL SERVICES INC DBA HARRIS HEALTH CARE NORTH | | | |
| 3. Street Address Principal Business Office 600 EBEN BROWN LANE | | | City CENTRAL FALLS | State RI | Zip 02864 |
| 4. Business Phone No. 401-722-6000 | | 5. State of Incorporation RHODE ISLAND | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island SKILLED NURSING FACILITY | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name CHARLES HARRIS | | | Vice President Name CHAD HARRIS | | |
| Street Address 24 CHANTILLY COURT | | | Street Address 173 WEST AVE | | |
| City SEEKONK | State MA | Zip 02771 | City SEEKONK | State MA | Zip 02771 |
| Secretary Name CHAD HARRIS | | | Treasurer Name CHARLES HARRIS | | |
| Street Address 173 WEST AVE | | | Street Address 24 CHANTILLY COURT | | |
| City SEEKONK | State MA | Zip 02771 | City SEEKONK | State MA | Zip 02771 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED 8,000 | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. | | | ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | |
| | | | Number of Shares 8,000 | Class/Series Common | Par Value \$1.00 |

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.

| | |
|---------------------------------|-------------|
| FILED | |
| File Date | MAR 02 2009 |
| Check No. | By 13615 |
| FOR SECRETARY OF STATE USE ONLY | |

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: Charles L. Harris Date: 02/26/09
Print or Type Name: Charles L. Harris
Title: President