

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		POUTOLOGICAL S	arvices INC DIBIA +	HARRIS HEALTH	Care North	
3 Street Address Principal Business Office 60 EBEN BROWN LANE			CENTRAL FALLS	State	02864	
4. Business Phone No. 401-722-6		5. State of Incorporation RHODE	ISLAND			
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7. NAMES AND ADDRESSES President Name	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) THE IN SPACES BEFORE USING ATTACHMENTS:			
CHARLES HARRIS			CHAD HARRIS			
24 CHANTILLY COURT			173 WEST AUE			
SESKONK	State MA	^{Zp} 02771	SEEKDUK	State WIA	1 ^{z10} 02771	
Secretary Name CHAD HARRIS			CHARLES HARRIS			
Street Address 173 WEST AVE			34 CHANTILLY COURT			
SEKONK	State MA	^{zip} の2771	525KDNK	State MA	2ip 02771	
8. NAMES AND ADDRESSES Director Name	OF THE DIRECTOR	S ("X" BOX FOR APT	ACHMENT) TELL IN SPACE Director Name	ES BEFORE USING A	TTACHMENTS	
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	1 7,000		10. SHARES ISSUED ("X" ISSUED SHARES — THIS SECTION			
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.			Number of Shares	Class/Series	Par Vulue	
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including any accompanying scho	re and affirm that I have examined this report, educes and statements, and that all statements
contained herein are true and cor	ung 100 02/26/09
Signature	Narris
Print or Type Name -	
Title	