RI SOS Filing Number: 200943893620 Date: 03/16/2009 1:24 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

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. 000063793

2. Name of Corporation Cedar Crest Nursing Centre, Inc.

3. Street Address Principal Business Office:

No. and Street: 125 SCITUATE AVENUE
City or Town: CRANSTON State: RI Zip: 02921 Country: USA

4. Business Phone No.

4019448500

5. State of Incorporation

State: RI

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

TO OWN, OPERATE, MANAGE AND INVEST IN NURSING HOMES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	SUSAN K WHIPPLE MRS	125 SCITUATE AVE CRANSTON, RI 02921 USA
SECRETARY	SUSAN M MARANDOLA MRS	125 SCITUATE AVE CRANSTON, RI 02921 USA
VICE PRESIDENT	THOMAS N WHIPPLE MR	125 SCITUATE AVE CRANSTON, RI 02921 USA
PRESIDENT	SUSAN K WHIPPLE	125 SCITUATE AVENUE CRANSTON, RI 02921- 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		$1.00	8,000.00	820

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 16 Day of March, 2009 at 1:26:47 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 RICHARD CATALLOZZI JR
Signature of Authorized Representative of the Corporation

ASSISTANT ADMINISTRATOR
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