



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
148 W. River St.
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. 41409		2. Name of Corporation Dora C. Howard, Ltd.	
3. Street Address Principal Business Office 715 Putnam Pike Adult Day Care Bldg.		City Smithfield	State RI
4. Business Phone No. 949-3890		5. State of Incorporation Rhode Island	
6. Brief Description of the Character of Business Conducted in Rhode Island Provide Adult Day Care Services			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Lorraine Kirkwood		Vice President Name Gerald Kirkwood	
Street Address 715 Putnam Pike Adult Day Care Bldg		Street Address 715 Putnam Pike Adult Day Care Bldg	
City Smithfield	State RI	Zip 02828	City Smithfield
Secretary Name Mary Frey		Treasurer Name Gerald Kirkwood	
Street Address 715 Putnam Pike Adult Day Care Bldg		Street Address 715 Putnam Pike Adult Day Care Bldg	
City Smithfield	State RI	Zip 02828	City Smithfield
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Lorraine Kirkwood		Director Name	
Street Address 715 Putnam Pike Adult Day Care Bldg		Street Address	
City Smithfield	State RI	Zip 02828	City
Director Name Gerald Kirkwood		Director Name	
Street Address 715 Putnam Pike Adult Day Care Bldg		Street Address	
City Smithfield	State RI	Zip 02828	City
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
600 Comm.	No Par Value		100
			Comm.
			No Par Value

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 23 2009
Check No.
By 3436
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.

Gerald Kirkwood 3/20/09
Signature Date

Gerald Kirkwood
Print or Type Name
Vice Pres.

Title