

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009 Filing Period: June 1 - June 30 • Filing Fee: \$20.00 \* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* In accordance with R.I.G.L. 7 to a penalty fee of \$25.00.	-6-94, each corporation	n failing or refusing to f	lle its annual report within the	time prescribe	d by law (R.L.	G.L. 7-6-91) is subject
1. Corporate ID No	2. Name of Corporation					
70940	Elder Care One, Inc.					
3. State of Incorporation	I '	bode Island - Street Address		CIIy		Zip
Rhode Island	443 Hope Street			Bristol		RI
5. Foreign corporation. Enter principal office address			City	State		Zip
6. Brief Description of the character	of the affairs which are act	ually conducted in Rhode Isl	and			
To provide elderly or disable	ed persons with hous	sing facilities and servi	ces			
7. NAMES AND ADDRESSES	OF THE OFFICERS	("X" BOX FOR ATTACH	MENT) [ FILL IN SPACES I	BEFORE USIN	IG ATTACHN	MENTS
President Name			Vice President Name			
Bette Walpole			David Tarantelli			
Street Address 30 Bay View Avenue			Street Address 203 Water Street			
City	State	Zip	Сйу	State		Zip
Bristol	RI	02809	Warren	<u> RI</u>		02885
Secretary Name Russell Serpa			Treasurer Name Robert McKenna			
Street Address 20 Leila Jean Drive			Street Address 62 Kingswood Road			
СЦу	State	Zip	Сйу	State		Zip
Bristol	RI	02809	Bristol	RI		02809
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLA) Director Name Russell Mello Street Address			Director Name  Matthew White  Street Address			
87 Arlington Avenue			1 Overlook Drive			
City	State	Zip	City	State		Zip
Warren	RI	02885	Bristol	RI		02809
Director Name Joseph Farmer			Director Name David Rattray			
Street Address			Street Address			
24 Jane Lane			150 Franklin Street, #237			
City	State	Zip	City	State		Zip
Bristol	RI	02809	Bristol	RI		02809
9. REGISTERED AGENT IN	RHODE ISLAND - DO	NOT ALTER - Chang	ges require filing of Form (	541 - R.I.G.L.	7-6-13 / 7-6	6-78
Agent Name			Address			
Alfred R. Rego, Jr., Esq.						
Address			City		Zip	
443 Hope Street			Bristol, RI		02809	
This report must	be signed by either th	ne President, Vice Pres	ident, Secretary, Assistant Sec	cretary, Treasu	ırer, Receive	r or Trustee
7 0 9			Under penalty of perj	ury, I declare a	nd affirm that	t I have examined this

7 0 9 4 0	t, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee  Under penalty of perjury, I declare and affirm that I have examined thi report, including any accompanying schedules and statements, and that all
File Date 5-27-09 Check No. 2667	statements contained herein are true and correct.  Signature of Officer  Date
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer  PRESITIENT  Tule of Officer  Form 631 Rev. 12/06

## Non-Profit Corporation Annual Report for the Year 2009 Corporate ID No.: 70940 Elder Care One, Inc. Additional Directors

Betty Pleacher 105 State Street, #3 Bristol, RI 02809

FILED
MAY 27 2009

By MMC) 10940