

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, Rt 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. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a

penalty fee of \$25.00. L. Corporate ID No. 2. Name of Corporation 29024 Lifespan Diversified Services, Inc. 3. State of Incorporation 4. Corporate address in Rhode Island - Street Address Citi Providence 02903 Rhode Island 167 Point Street City State 5. Foreign corporation. Enter principal office address Zip6. Brief Description of the character of the affairs which are actually conducted in Rhode Island Home health care services. 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name President Name George A. Vecchione Street Address Street Address 167 Point Street State State ZipCity ZipRI 02903 Providence Treasurer Name Secretary Name V. Duncan Johnson Scott B. Laurans Street Address Street Address 200 Turks Health Place 2800 Financial Plaza City ZipCity State ZipProvidence RI 02903 Providence RI 02903 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23 Director Name Alfred J. Verrecchia (Chairman) George A. Vecchione Street Address Street Address 1011 Newport Avenue 167 Point Street City State 02860 Providence RI Pawtucket RΙ Director Name Director Name V. Duncan Johnson Scott B. Laurans Street Address 2800 Financial Plaza 200 Turks Health Place State State City Zin City RI RI 02903 Providence 02903 Providence 9. REGISTERED AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78 This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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File Date	AUG 17 2009			
Check No.	700 1 7 2005			
Ву	31/100013280			
1	FOR SECRETARY OF STATE USE ONLY			

Inder penalty of perjury, I declare and affirm that I have ex	camined this
eport, including any accompanying schedules and statements	, and that all
tatements contained herein are true and correct.	4

George Vecchione Print or Type Name of Officer

President & Chief Executive Officer

Title of Officer

Form 631 Rev. 09/17

<u>Lifespan Diversified Services, Inc.</u> **No. 8 Directors and Officers**

William H. D. Goddard Brown & Ives Land Co., LLC 50 South Main Street Providence, RI 02903

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