



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

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 2010**

**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. 57638		2. Name of Corporation SENIOR SOLUTIONS, INC.			
3. Street Address Principal Business Office 145 FRONT ST #6			City LINCOLN	State RI	Zip 02865
4. Business Phone No. 4017290511		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE INFORMATION, ASSISTANCE, PROGRAMS, COMMUNICATION AND LITERATURE TO SENIOR CITIZENS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name EDWARD F MITCHELL			Vice President Name SAME		
Street Address 145 FRONT ST #6			Street Address SAME		
City LINCOLN	State RI	Zip 02865	City SAME	State SAME	Zip SAME
Secretary Name SAME			Treasurer Name SAME		
Street Address SAME			Street Address SAME		
City SAME	State SAME	Zip SAME	City SAME	State SAME	Zip SAME
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name EDWARD F MITCHELL			Director Name NONE		
Street Address 145 FRONT ST #6			Street Address NONE		
City LINCOLN	State RI	Zip 02865	City NONE	State NONE	Zip NONE
Director Name NONE			Director Name NONE		
Street Address NONE			Street Address NONE		
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares NONE	Class/Series	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.

File Date 2-17-2010  
Check No. 740  
By: MNC  
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.

Signature Edward F Mitchell Date 02-15-10  
Print or Type Name  
Edward F Mitchell  
President  
Title