



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. 512033		2. Name of Corporation Chestnut Cottage at The Elms Inc			
3. Street Address Principal Business Office 22 Elm Street		City Westerly		State RI	Zip 02891
4. Business Phone No. 401-596-4630		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Assisted Living Residence for Alzheimers Dementia					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Guy Maiorano			Vice President Name		
Street Address 12 Quarry Road			Street Address		
City Mystic	State CT	Zip 06355	City	State	Zip
Secretary Name Leslie Taylor			Treasurer Name Guy Maiorano		
Street Address 58 Tom Wheeler Road			Street Address 12 Quarry Road		
City North Stonington	State CT	Zip 06359	City Mystic	State CT	Zip 06355
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
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.		Number of Shares none		Class/Series	Par Value
		THIS SECTION MUST BE COMPLETED			

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

MAR 02 2010

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

Guy Maiorano

Print or Type Name

President

Title

Date

Leslie Taylor 2/26/10

Secretary

FILED

File Date: MAR 01 2010 BY

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