

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(ec/ed)) is

subject to a penalty fee of \$25.00.		on juning or rejusing to jut us un	nuut teport within iniriy (50) aays	after the time prescribed by i	law (R.I.G.L. /-1.2-1501(v&d)) is	
1. Corporate ID No. 142980	The Cedar In	2 Name of Corporation The Cedar Institute, Inc.				
3. Street Address Principal Business Office 124 Hideaway Lane			North Kingstown	State RI	<sup>2ip</sup> 02852	
		5. State of Incorporation Rhode Island				
6. Brief Description of the Characte Consulting in the field of h	er of Business Conducted lealth care.	l in Rhode Island				
7. NAMES AND ADDRESSI	ES OF THE OFFICE	ERS: ("X" BOX FOR ATTA	<i>CHMENT</i> ) ☐ FILL IN SP	ACES BEFORE USING	ATTACHMENTS	
Fresident Name			Vice President Name			
Mary Salisbury Street Address			James D. Salisbury			
124 Hideaway Lane			Street Address 124 Hideaway Lane			
North Kingstown	State RI	02852	North Kingstown	State RI	<sup>Zip</sup> 02852	
Secretary Name Mary Salisbury			Treasurer Name Mary Salisbury			
Street Address 124 Hideaway Lane			Street Address 124 Hideaway Lane			
North Kingstown	State RI	<sup>Ζiμ</sup> 02852	City North Kingstown	State RI	Zip 02852	
8. NAMES AND ADDRESSE	S OF THE DIRECT	ORS: ("X" BOX FOR ATT	TACHMENT) [ FILL IN S	SPACES BEFORE USIN	IG ATTACHMENTS	
None			Director Name			
Street Address			Street Address			
City	State	Zip	СИу	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
Сиу	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			in 10. SHARES ISSUED ( ISSUED SHARES — THIS SECTION			
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	Class/Series	Par Value	
			100	Common	No Par Value	
This report must be executed this report must be executed	d on behalf of the c	orporation by an authorize	d representative. If the corp	poration is in the hand	s of a receiver or trustee,	
this report must be executed	on behalf of the ce	orporation by the receiver of	or trustee,			
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			Under penalty of perj	ury, I declare and affirm	that I have examined this report,	
	· · · · · · · · · · · · · · · · · · ·		contained herein are	rue and correct.	atements, and that all statements	
File Date FILED		_	SALG XXX	Muster		
			Stehature /		Date	
Check No.JUN 2 3 2010			Mary Salisbury			
By JHO 4 FOR SECRETARY OF STATE USE ONLY			Print or Type Name			
			President			
			Title			