

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

401.222.30

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/d)) is subject to a boundary fee of \$25.00

subject to a penalty fee of \$25.00.		, o , s ,	onan report tenant tatily (30)	i days after the time prescribed by	y law (R.I.G.L. 7-1.2-1501(ce)
1. Corporate ID No. 505207	2. Name of Corporation Spectrum Rehabilitative Services, Inc.				
3. Street Address Principal Business Office 806 Reservoir Avenue			City Cranston	State RI	Zip 02910
4. Business Phone No. 401.272.3700  5. State of Incorporation RI					
5. Brief Description of the Character Provide speech therapy an	d social rehabilitiativ	/e services		- Hamman	- п.
7. NAMES AND ADDRESSES	OF THE OFFICERS	S: ("X" BOX FOR ATTA	ACHMENT)   FILL 1	N SPACES BEFORE USIN	G ATTACHMENTS
Patricia J. Murtagh			Vice President Name  Mark C. Murtagh		
Street Address 50 East Hill Drive City State			Street Address 50 East Hill Drive		
Cranston	State RI	<sup>スゆ</sup> 02920	City Cranston	State RI	<i>Ζι</i> μ <b>02920</b>
Secretary Name Patricia J. Murtagh			Treasurer Name Mark C. Murtagh		
Street Address 50 East Hill Drive			Street Address 50 East Hill Drive		
Cranston	State RI	<sup>Zip</sup> 02920	City Cranston	State RI	<sup>Ζip</sup> <b>02920</b>
. NAMES AND ADDRESSES Director Name Patricia J. Murtagh	OF THE DIRECTOR	RS: ("X" BOX FOR ATT	TACHMENT)   FILL Director Name Mark C. Murtagh	IN SPACES BEFORE USI	NG ATTACHMENTS
Street Address 50 East Hill Drive			Street Address 50 East Hill Drive		
Try	State	Zip	City	State	Zip
Dranston irector Name	<u>[RI</u>	02920	Cranston  Director Name	RI	02920
reet Address			Street Address		
			a soreth Madress		
ity	State	Zip	City	State	Zip
SHARES AUTHORIZED		1	10. SHARES ISSUED ISSUED SHARES — THIS S	   <i>("X" BOX FOR ATTAC</i>   ECTION <u>MUST</u> BE COMPLETED	 CHMENT) [] D
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
			10,000	one	.01
his report must be executed of its report must be executed of	on behalf of the corp	oration by an authorized	d representative. If the	corporation is in the hand	ts of a receiver or treats
is report must be executed o	n benaif of the corpo	oration by the receiver o	r trustee.	_	user of thester

File Date FILED	
Check No UN 2 8 2010	
By: By 1028	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I decla	are and affirm that I have examined this report,
including any accompanying sc	bedules and statements and that all assessment
contained herein are true and	orrect
1/0MM/ 1	6-24-10
Sighture	Date
Mark C. Murtagh	
Print or Type Name	
Vice President	
Tiela	