RI SOS Filing Number: 201173064990 Date: 01/03/2011 2:01 PM

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

**Fee: $50.00**

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

## Foreign Business Corporation
## Annual Report

*Filing Period: January 1 - March 1*

*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.*

**ANNUAL REPORT YEAR:** 2011

**1. Corporate ID No.** 000163810

**2. Name of Corporation** Onward Healthcare, Inc.

**3. Street Address Principal Business Office:**

No. and Street: 64 DANBURY ROAD
City or Town: WILTON State: CT Zip: 06894 Country: USA

**4. Business Phone No.**

800-278-0332

**5. State of Incorporation**

State: DE

**6. Brief Description of the Character of Business Conducted in Rhode Island**

TEMPORARY STAFFING AGENCY FOR HEALTHCARE PROFESSIONALS

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

| Title | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|---|---|---|
| TREASURER | MICHAEL DYLAG | 8 LOVELLS LANE<br>NEWTOWN, CT 06470 USA |
| PRESIDENT | KEVIN CLARK | 108 WAHACKME ROAD<br>NEW CANAAN, CT 06840- USA |
| DIRECTOR | KEVIN C CLARK | 108 WAHACKME RD<br>NEW CANAAN, CT 06840 USA |
| DIRECTOR | MIKE DONOVAN | 54 WEST 82ND STREET APT 5<br>NEW YORK, NY 10024 USA |
| DIRECTOR | SCOTT MACKESY | 8 LOCUST LANE<br>BRONXVILLE, NY 10708 USA |

**8. Shares Authorized and Issued**

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized Shares<br>*Number of Shares* | Total Issued and Outstanding<br>*Num of Shares* |
|---|---|---|---|---|
| PWP | A | $0.01 | 100,000,000.00 | 100000000 |
| CWP | | $0.01 | 250,000,000.00 | 250000000 |

**9. 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.**

**Signed this 3 Day of January, 2011 at 2:03:40 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By MICHAEL DYLAG
Signature of Authorized Representative of the Corporation

TREASURER
Title

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.**

Form No. 630
Revised 09/07