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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 2011

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.	2. Name of Corporation		
111410	Carriage House at The Elms Inc.		
3. Street Address Principal Business Office	City	State	Zip
22 ELM STREET	WESTERLY	RI	02891
4. Business Phone No.	5. State of Incorporation		
401-596-4630	Rhode Island		

6. Brief Description of the Character of Business Conducted in Rhode Island
To engage in the ownership, development, operation and management of Alzheimers Dementia Facility

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Guy Maiorano	
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: N Stonington / State: CT / Zip: 06359	City: Mystic / State: CT / Zip: 06359

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Guy Maiorano	
Street Address: 12 Quarry Road	Street Address
City: Mystic / State: CT / Zip: 06355	City / State / Zip
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
None		

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.

[redacted] [redacted]

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.

Leslie Taylor — *Signature* — 2/25/11 — *Date*

Leslie Taylor — *Print or Type Name*

[redacted] Secretary — *Title*

FILED
File Date _____
FEB 28 2011
Check No. _____
By: By MNC 2974
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59715-75-600072

Form 630 Rev. 08/08