

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

20011

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 200/ 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(e&d)) is white to a complex for effective annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e&d)) is

subject to a penalty fee of \$25.00.					
1. Corporate ID No. 000056571	2. Name of Corporation Nittany Management, Inc.				
3. Street Address Principal Business Office 1221 Post Road			City Warwick	State RI	<i>Ζιρ</i> 02888
4. Business Phone No. 5. State of Incorporation (401) 461-3780 Rhode Island					
6. Brief Description of the Characte To conduct Paramedical E					4
7. NAMES AND ADDRESSE	S OF THE OFFICE	ERS: ("X" BOX FOR ATTA	(CHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS
President Name			Vice President Name		
Theodore J. Moskala, Jr. Street Address			Linda J. Moskala		
1221 Post Road			Street Address 1221 Post Road		
Warwick	State RI	^{Zip} 02888	^{Cin} ' Warwick	State RI	^{zip} 0288 8
Secretary Name Linda J. Moskala			Treasurer Name Theodore J. Moskala, Jr.		
Street Address 1221 Post Road			Street Address 1221 Post Road		
City Warwick	State RI	7tp 02888	^{Citր} Warwick	State RI	^{Zip} 02888
8. NAMES AND ADDRESSE	S OF THE DIRECT	ORS: ("X" BOX FOR AT	• —	N SPACES BEFORE USIN	G ATTACHMENTS
Director Name Theodore J. Moskala, Jr.			Director Name Linda J. Moskala		
Street Address			Street Address		
Same as above	State	Zip	Same as above		
any.	Since	ΣΨ	City	State	Z.ip
Director Name	••••••••••	······J·······························	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED	1	l		 	
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
This report must be executed	on behalf of the c	corporation by an authorize	d representative. If the	corporation is in the hand	s of a receiver or trustee.
this report must be executed	on behalf of the co	orporation by the receiver	or trustee.		
					hat I have examined this report tements, and that all statemen
	M/	187042011		tre true and correct.	noments, and that all statemen
File Date	2(18 04 2011 7-139233	- /	<i>)</i>	1/2/11
	X .	1-154233	Signature	Ď	Date
Check No.			Theodore J. Moskala		
Ву;		_	Print or Type Name	e	, , , , , , , , , , , , , , , , , , , ,
FOR SECRETARY OF ST	ATE USE ONLY		President		
FOR SECRETARY OF STATE USE ONLY			Title		