



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

No Fee

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

**Business Corporation
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2011

1. Corporate ID No. 000017329

2. Name of Corporation Westerly Nursing Home, Inc.

3. Street Address Principal Business Office:

No. and Street: 79 BEACH STREET

City or Town: WESTERLY

State: RI

Zip: 02891

Country: USA

4. Business Phone No.

401-596-4925

5. State of Incorporation

State: RI

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

TO OPERATE A NURSING HOME

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	M. SHEILA MARTIN MD	106 MONTELLUNA DRIVE N. VENICE, FL 34275 USA
TREASURER	PAUL V. MARTIN	153 WATCH HILL ROAD WESTERLY, RI 02891 USA
SECRETARY	PAUL V. MARTIN	153 WATCH HILL ROAD WESTERLY, RI 02891 USA
VICE PRESIDENT	SHAWN M. MARTIN	25 BABCOCK ROAD WESTERLY, RI 02891 USA
DIRECTOR	JAMES F. MARTIN, JR.	43 WICKLOW ROAD WESTERLY, RI 02891 USA
DIRECTOR	PATRICK J. MARTIN	9107 LINKS DRIVE FORT MEYERS, FL 33913 USA
DIRECTOR	PAUL V. MARTIN	153 WATCH HILL ROAD WESTERLY, RI 02891 USA
DIRECTOR	M. SHEILA MARTIN MD	106 MONTELLUNA DRIVE N. VENICE, FL 34275 USA
DIRECTOR	SHAWN M. MARTIN	25 BABCOCK ROAD WESTERLY, RI 02891 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.00	1,000.00	48

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 6 Day of April, 2011 at 3:04:48 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 GERARD R. GOULET, ESQUIRE
Signature of Authorized Representative of the Corporation

AUTHORIZED REPRESENTATIVE
Title

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

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State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

Secretary of State

