

FOR SECRETARY OF STATE USE ONLY

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

Form 630 Rev. 08/08

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.

. : :-

1. Corporate ID No. 000163356	2. Name of Cor Bruno Inde	poration ependent Living Aids, Inc.			
3. Street Address Principal Business Office 1780 Executive Drive			City Oconomowoc	State WI	<i>Zip</i> 53066
4. Business Phone No. 5. State of Incorporation (262) 953-5433 Wisconsin				2	
6. Brisf Description of the Cha. Sales of mobility and a	racter of Business Condu	cied in Rhode Island			
President Name	SSES OF THE OFF	CERS: ("X" BOX FOR ATTA	CHMENT) TELL IN	SPACES BEFORE USING	G ATTACHMENTS
Michael R. Bruno, II			Thomas Jacobsen		
Street Address 1780 Executive Drive			Street Address 1780 Executive Drive		
Gily Oconomowoc	State WI	^{Ζψ} 53066	City Oconomowoc	State WI	<i>z_{ip}</i> 530 56 □
Secretary Name Jay Schroeter			Treasurer Name Michael R. Bruno, II		
Street Address 1780 Executive Drive			Street Address 1780 Executive Drive		
City Oconomowoc	State WI	^{Zip} 53066	City Oconomowoc	State WI	<i>гі</i> р 53066
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR AT) Director Name Michael R. Bruno, II			TACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Beverly A. Bruno		
Screet Address			Street Address		
780 Executive Drive State Zib			1780 Executive Drive		
City Oconomowoc Director Name	WI	53066	Oconomowoc	State WI	^{Zip} 53066
Dirigadi Manie			Director Name	•	
Street Address			Street Address	!	
City	State	Zφ	Chy	State	Zip
9. SHARES AUTHORIZE	1 D	Į.		("X" BOX FOR ATTAC CTION <u>MUST</u> BE COMPLETED	· —
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
			2,800	CNP	\$0.00
This report must be exec	uted on behalf of the	e corporation by an authorize	d representative. If the c	corporation is in the hand	ds of a receiver or trustee,
his report must be exect	ned on behalf of the	e corporation by the receiver of	or trustee.		
		FILE	moroding any acce		that I have examined this reptatements, and that all statement
File Date		JUL 2 5 20	" Dayru	Acl	2/7/11
Check No.		= 149040	Signature \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	y Schroeter	Date -
Ву:			Print or Type Name		\overline{C}
	F STATE USE ONLY	— i	■ \/\(\)\(\)\(\)	· Wesident	tinance

Title