



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 2012**

**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. 66125		2. Name of Corporation Rocky Knoll Group Home, Inc.		
3. Street Address Principal Business Office 3709 Main Rd		City Tiverton	State RI	Zip 02878
4. Business Phone No. 1-401-624-6359		5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island ✓				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Nancy M. Carvalho		Vice President Name Donna M. Goulet-Truppi		
Street Address 3715 Main Rd		Street Address 408 Eight Rod Way		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI
Secretary Name Donna M. Goulet-Truppi		Treasurer Name Nancy M. Carvalho		
Street Address 408 Eight Rod Way		Street Address 3715 Main Rd		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Norman Coimbra		Director Name Norman Coimbra Jr.		
Street Address 89 Hambly Rd		Street Address 89 Hambly Rd		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI
Director Name Nancy M. Carvalho		Director Name Donna M. Goulet-Truppi		
Street Address 3715 Main Rd		Street Address 408 Eight Rod Way		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI
9. SHARES AUTHORIZED 300		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.		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.

**FILED**

File Date JAN 25 2012  
Check No. 13893  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

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.

Signature Nancy Mollis Date 1/23/12  
Print or Type Name Nancy M. Carvalho  
Title President