



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 02904-2611
401.222.3044

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. C 145933		2. Name of Corporation COMPANION HEALTH SERVICES, INC	
3. Street Address Principal Business Office 284 NORTH STREET		City BOSTON	State MA
4. Business Phone No. 617-227-0830		5. State of Incorporation MASSACHUSETTS	
6. Brief Description of the Character of Business Conducted in Rhode Island LEASE MANAGEMENT			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS.			
President Name KIMBERLY MAIRS		Vice President Name KIMBERLY MAIRS	
Street Address 40 BATTERY ST, PH 6		Street Address 40 BATTERY ST, PH 6	
City BOSTON	State MA	City BOSTON	State MA
Zip 02109		Zip 02109	
Secretary Name KIMBERLY MAIRS		Treasurer Name KIMBERLY MAIRS	
Street Address 40 BATTERY ST, PH 6		Street Address 40 BATTERY ST, PH 6	
City BOSTON	State MA	City BOSTON	State MA
Zip 02109		Zip 02109	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name KIMBERLY MAIRS		Director Name	
Street Address 40 BATTERY ST, PH6		Street Address	
City BOSTON	State MA	City	State
Zip 02109		Zip	
9. SHARES AUTHORIZED		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 10,000	Class/Series COMMON
		Par Value 0.10	

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 SECRETARY OF STATE
 CORPORATIONS DIV
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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

JAN 30 2012
By 161902 DS

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 Kimberly Mairs Date 1-26-12

Print or Type Name KIMBERLY MAIRS

Title President

File Date _____
 Check No. _____
 By: _____
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