



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 02904-261
401.222.304

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.**

* 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. 145933		2. Name of Corporation COMPANION HEALTH SERVICES, INC			
3. Street Address Principal Business Office 284 NORTH STREET			City BOSTON	State MA	Zip 02113
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	Zip 02109	City BOSTON	State MA	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	Zip 02109	City BOSTON	State MA	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	Zip 02109	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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
			THIS SECTION MUST BE COMPLETED		

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 **16/902 DS**

File Date _____
Check No. _____
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.

Kimberly Mairs 1-26-12
Signature Date
KIMBERLY MAIRS
Print or Type Name
President
Title