



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 2009**

**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. Corporation ID No.<br><b>105933</b>   |                    | 2. Name of Corporation<br><b>COMPANION HEALTH SERVICES, INC.</b>    |                               |
| 3. Street Address Principal Business Office<br><b>284 NORTH STREET</b>   |                    | City<br><b>BOSTON</b>   | State<br><b>MA</b>            |
|  |                    | Zip<br><b>02113</b>   |                               |
| 4. Business Phone No.<br><b>617-227-0830</b>   |                    | 5. State of Incorporation<br><b>MASSACHUSETTS</b>                   |                               |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br><b>LEASE MANAGEMENT</b>   |                    |   |                               |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |                    |   |                               |
| President Name<br><b>KIMBERLY MAIRS</b>  |                    | Vice President Name<br><b>KIMBERLY MAIRS</b>                        |                               |
| Street Address<br><b>40 BATTERY ST, PH 6</b>   |                    | Street Address<br><b>40 BATTERY ST, PH 6</b>                        |                               |
| City<br><b>BOSTON</b>  | State<br><b>MA</b> | City<br><b>BOSTON</b>   | State<br><b>MA</b>            |
| Zip<br><b>02109</b>  |                    | Zip<br><b>02109</b>   |                               |
| Secretary Name<br><b>KIMBERLY MAIRS</b>  |                    | Treasurer Name<br><b>KIMBERLY MAIRS</b>                             |                               |
| Street Address<br><b>40 BATTERY ST, PH 6</b>   |                    | Street Address<br><b>40 BATTERY ST, PH 6</b>                        |                               |
| City<br><b>BOSTON</b>  | State<br><b>MA</b> | City<br><b>BOSTON</b>   | State<br><b>MA</b>            |
| Zip<br><b>02109</b>  |                    | Zip<br><b>02109</b>   |                               |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |                    |   |                               |
| Director Name<br><b>KIMBERLY MAIRS</b>   |                    | Director Name   |                               |
| Street Address<br><b>40 BATTERY ST, PH 6</b>   |                    | Street Address  |                               |
| City<br><b>BOSTON</b>  | State<br><b>MA</b> | City  | State                         |
| Zip<br><b>02109</b>  |                    | Zip   |                               |
| Director Name  |                    | Director Name   |                               |
| Street Address   |                    | Street Address  |                               |
| City   | State              | City  | State                         |
| Zip  |                    | 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<br><b>10,000</b>                                   | Class/Series<br><b>COMMON</b> |
|  |                    | Par Value<br><b>0.10</b>  |                               |

RECEIVED  
 DIVISION OF STATE CORPORATIONS  
 JAN 30 AM 11:00

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  
NS

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.

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