



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 7876		2. Exact name of the Corporation THE FRIENDLY HOME, INC.			
3. Principal office address 303 RHODES AVENUE		City WOONSOCKET		State RI	Zip 02895
4. Business Phone No. (401) 769-7220		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island TO OPERATE A NURSING HOME					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ANGELO S. ROTELLA			Vice-President Name KATHARINE EPP		
Street Address 4 POND VIEW COURT			Street Address 303 RHODES AVENUE		
City SMITHFIELD	State RI	Zip 02917	City WOONSOCKET	State RI	Zip 02895
Secretary Name SHAUN R. HOULE COUNOYER			Treasurer Name ANGELO S. ROTELLA		
Street Address 303 RHODES AVENUE			Street Address 4 POND VIEW COURT		
City WOONSOCKET	State RI	Zip 02895	City SMITHFIELD	State RI	Zip 02917
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name ANGELO S. ROTELLA			Director Name KATHARINE EPP		
Street Address 4 POND VIEW COURT			Street Address 303 RHODES AVENUE		
City SMITHFIELD	State RI	Zip 02917	City WOONSOCKET	State RI	Zip 02895
Director Name SHAUN R. HOULE COUNOYER			Director Name		
Street Address 303 RHODES AVENUE			Street Address		
City WOONSOCKET	State RI	Zip 02895	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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	NO PAR

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

FEB 15 2012

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.

File Date _____
 Check No _____
 By: _____

By MNC

Katharine R. Epp 2-13-12
 Signature of Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY CH# 22389

Katharine R. Epp
 Print or Type Name of Authorized Representative