



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(c), 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. 000093964		2. Name of Corporation Concord Health Services, Inc.		
3. Street Address Principal Business Office 30 Rolfe Square			City Cranston	State RI
4. Business Phone No. 401-725-8400		5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island To deliver health care services to home and institutional facilities.				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name David Difilippo		Vice President Name		
Street Address 30 Rolfe Square		Street Address		
City Cranston	State RI	Zip 02910	City	State
Secretary Name		Treasurer Name David Difilippo		
Street Address		Street Address 30 Rolfe Square		
City	State	Zip	City Cranston	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
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 2,000	Class/Series Stk	Par Value No Par Value

FILED

JUN 14 2012

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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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:
Date: 1/17/12

David Difilippo
Print or Type Name
President
Title