



**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** 2005

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. 000102315		2. Exact name of the Corporation FOR HEALTH OF RHODE ISLAND, INC.			
3. Principal office address 10 CADILLAC DRIVE, SUITE 350		City BRENTWOOD	State TN	Zip 37027	
4. Business Phone No.		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island TO PROVIDE SERVICES TO THE MANAGED CARE INDUSTRY AND PROMOTE THE IMPROVEMENT OF THE HEALTH OF FRAIL ELDERLS.					
<b>LIST ALL OFFICERS NAMES AND ADDRESSES (X) BOX FOR ATTACHMENT</b>					
President Name MICHAEL TUDEEN			Vice-President Name		
Street Address 10 CADILLAC DRIVE, SUITE 350			Street Address		
City Brentwood	State TN	Zip 37027	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>LIST ALL DIRECTORS NAMES AND ADDRESSES (X) BOX FOR ATTACHMENT</b>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>SHARES AUTHORIZED</b>					
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.		10. SHARES ISSUED (X) BOX FOR ATTACHMENT			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	Common	\$0.01	

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.



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.

*Michelle Donato*

11/02/2012

Signature of Authorized Representative

Date

Michelle Donato

Print or Type Name of Authorized Representative

Form No. 630

Revised: 01/2012