



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 2013**

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. <b>46257</b>		2. Exact name of the Corporation <b>Elmhurst Health Associates, Inc.</b>		
3. Principal office address <b>825 Chalkstone Avenue</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
4. Business Phone No. <b>456-2000</b>		5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Health Care Services</b>				
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>				
President Name <b>Kenneth H. Belcher</b>		Vice-President Name		
Street Address <b>825 Chalkstone Avenue</b>		Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City	State
Secretary Name <b>Gary R. Pannone, Esq.</b>		Treasurer Name <b>Michael E. Conklin, Jr.</b>		
Street Address <b>317 Iron Horse - Suite 301</b>		Street Address <b>200 High Service Avenue</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>North Providence</b>	State <b>RI</b>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>				
Director Name <b>Kenneth H. Belcher</b>		Director Name <b>Michael E. Conklin, Jr.</b>		
Street Address <b>825 Chalkstone Avenue</b>		Street Address <b>200 High Service Avenue</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>North Providence</b>	State <b>RI</b>
Director Name <b>Gary R. Pannone, Esq.</b>		Director Name		
Street Address <b>317 Iron Horse Way - Suite 301</b>		Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City	State
<b>9. SHARES AUTHORIZED</b>		<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <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
		\$100.00	Common Stock	\$1.00 Par Value

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 SECRETARY OF STATE  
 CORPORATIONS DIV

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.

File Date \_\_\_\_\_

**FILED**  
**MAR 01 2013**

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.

Check No \_\_\_\_\_

By: 101723

*[Signature]*

02/14/2013

By: \_\_\_\_\_

Signature of Authorized Representative

Date

FOR SECRETARY OF STATE USE ONLY

**Kenneth H. Belcher, President/CEO**

Print or Type Name of Authorized Representative