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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.	2. Exact name of the Corporation		
82656	Audiology Rehabilitation Services, Ltd.		
3. Principal office address: 38 Strathmore Road	City: Cranston	State: RI	Zip: 02905
4. Business Phone No.	5. State of Incorporation: Rhode Island		

6. Brief description of the character of business conducted in Rhode Island
Hearing services

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
James E. Healey			VACANT		
Street Address: 38 Strathmore Road			Street Address		
City: Cranton	State: RI	Zip: 08905	City	State	Zip
Secretary Name: James E. Healey			Treasurer Name: James E. Healey		
Street Address: See above			Street Address: See above		
City	State	Zip	City	State	Zip

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

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

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	1000	Common	NPV

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.

Signature of Authorized Representative — Date: 1-29-13

James E. Healey
Print or Type Name of Authorized Representative

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
MAR 21 2013
By: 193214

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