



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 2011**

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>002091</b>		2. Exact name of the Corporation <b>Bay Tower Nursing Center, Inc.</b>			
3. Principal office address <b>594 METACON AVENUE</b>			City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>
4. Business Phone No. <b>401 253 7725</b>			5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Inactive - Operation of General Nursing and Convalescent Home Facility</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>HARRY MINASSIAN</b>			Vice-President Name <b>AZARIG KOOLIAN</b>		
Street Address <b>101 PLAIN STREET</b>			Street Address <b>143 SMITHFIELD ROAD</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>N. PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>
Secretary Name <b>GAIL MINASSIAN</b>			Treasurer Name <b>GENEVIEVE FRANCIS</b>		
Street Address <b>101 PLAIN STREET</b>			Street Address <b>594 METACON AVENUE</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>ELIZABETH KOOLIAN</b>			Director Name		
Street Address <b>143 SMITHFIELD ROAD</b>			Street Address		
City <b>N. PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	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) <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
			<b>2000</b>	<b>CNP</b>	<b>NO PAR VALUE</b>

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 \_\_\_\_\_

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

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

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.

*Azarig Koolian* **8/7/13**  
 Signature of Authorized Representative Date

**AZARIG KOOLIAN**  
 Print or Type Name of Authorized Representative

**FILED**  
**AUG 07 2013**  
**BY XE 075 203268**