



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 2014

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(e), 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. 069693		2. Name of Corporation Cortland Place Health Care Center, Inc.			
3. Street Address Principal Business Office 20 Austin Avenue			City Greenville	State RI	Zip 02828-0000
4. Business Phone No. 401-461-2677		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Nursing Home/Assisted Living					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Norman P. Audino			Vice President Name Norman P. Audino, Jr.		
Street Address 20 Austin Avenue			Street Address 20 Austin Avenue		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
Secretary Name Norman P. Audino			Treasurer Name Norman P. Audino, Jr.		
Street Address 20 Austin Avenue			Street Address 20 Austin Avenue		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Norman P. Audino			Director Name Norman P. Audino, Jr.		
Street Address 20 Austin Avenue			Street Address 20 Austin Avenue		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 200	Class/Series Common	Par Value 1.00

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.

FILED ✓

FEB 18 2014

File Date _____
Check No. _____
By: _____

By

Ch 217516

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

Norman P. Audino, Jr.

Print or Type Name

Vice President

Title

FOR SECRETARY OF STATE USE ONLY