



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

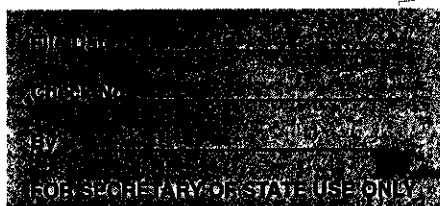
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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. 111410		2. Exact name of the Corporation CARRIAGE HOUSE AT THE ELMS, INC.			
3. Principal office address 22 ELM STREET		City WESTERLY	State RI	Zip 02891	
4. Business Phone No. 401-596-4630		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE OWNERSHIP, DEVELOPMENT, OPERATION AND MANAGEMENT OF ALZHEIMERS DEMENTIA CARE FACILITY					
OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT ☐					
President Name GUY MAIORANO			Vice-President Name		
Street Address 12 QUARRY ROAD			Street Address		
City MYSTIC	State CT	Zip 06355	City	State	Zip
Secretary Name LESLIE TAYLOR			Treasurer Name GUY MAIORANO		
Street Address 58 TOM WHEELER ROAD			Street Address 12 QUARRY ROAD		
City NORTH STONINGTON	State CT	Zip 06359	City MYSTIC	State CT	Zip 06355
DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT ☐					
Director Name GUY MAIORANO			Director Name		
Street Address 12 QUARRY ROAD			Street Address		
City MYSTIC	State CT	Zip 06355	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 ☐		
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
			2000	N/A	NONE

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 19 2014

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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.

Leslie Taylor
Signature of Authorized Representative

2/17/14
Date

LESLIE TAYLOR

Print or Type Name of Authorized Representative