RI SOS Filing Number: 201435839450 Date: 02/19/2014 4:00 PM

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.	2. Exact name of the Corporation			
111410	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

7. LIST 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

8. LIST ALL 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

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

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.

[redacted]
FOR SECRETARY OF STATE USE ONLY

FILED
FEB 19 2014
115393

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 — 2/17/14
Signature of Authorized Representative — Date

LESLIE TAYLOR
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

103004-34-944932