



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

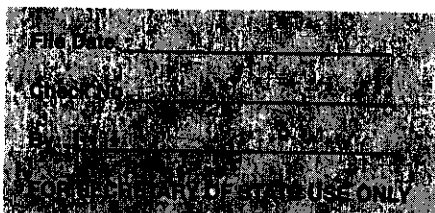
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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. 142980		2. Exact name of the Corporation The Cedar Institute, Inc.						
3. Principal office address 124 Hideaway Lane		City North Kingstown	State RI	Zip 02852				
4. Business Phone No. 401-667-7236		5. State of Incorporation Rhode Island						
6. Brief description of the character of business conducted in Rhode Island Consulting in the field of healthcare								
OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT								
President Name Mary Salisbury			Vice-President Name James D. Salisbury					
Street Address 124 Hideaway Lane			Street Address 124 Hideaway Lane					
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852			
Secretary Name Mary Salisbury			Treasurer Name Mary Salisbury					
Street Address 124 Hideaway Lane			Street Address 124 Hideaway Lane					
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852			
ADDITIONAL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT								
Director Name None			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								
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
						100	Common	No Par Value

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
MAR 17 2014
2280

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.

Mary L Salisbury
Signature of Authorized Representative

3/14/2014
Date

Mary L Salisbury
Print or Type Name of Authorized Representative