



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 2015

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. 21387 | | 2. Exact name of the Corporation Roberts Health Centre, Inc. | | | |
| 3. Principal office address 25 Roberts Way | | | City North Kingstown | State RI | Zip 02852 |
| 4. Business Phone No. 401-884-6661 | | 5. State of Incorporation Rhode Island | | | |
| 6. Brief description of the character of business conducted in Rhode Island Nursing Home | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name Robert A. Catalozzi | | | Vice-President Name Richard A. Catalozzi | | |
| Street Address 25 Roberts Way | | | Street Address 25 Roberts Way | | |
| City North Kingstown | State RI | Zip 02852 | City North Kingstown | State RI | Zip 02852 |
| Secretary Name Richard A. Catalozzi | | | Treasurer Name Richard A. Catalozzi | | |
| Street Address 25 Roberts Way | | | Street Address 25 Roberts Way | | |
| City North Kingstown | State RI | Zip 02852 | City North Kingstown | State RI | Zip 02852 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name Richard A. Catalozzi | | | Director Name | | |
| Street Address 25 Roberts Way | | | Street Address | | |
| City North Kingstown | State RI | Zip 02852 | 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 |
| | | | 200 | Common | No Par |

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 CORPORATIONS DIV
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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: _____

FOR SECRETARY OF STATE USE ONLY

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 JAN 16 2015
 12:15
 By: *HL 240571*

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.

Roberts Health Centre Inc. by Richard A. Catalozzi
 Signature of Authorized Representative Date *12-29-2014*

Richard A. Catalozzi

Print or Type Name of Authorized Representative