



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **106300** 2. Name of Corporation **Intrepid of Rhode Island, Inc.**

3. Street Address Principal Business Office

1020 Park Avenue, Suite 211

City

Cranston

State

RI

Zip

02901

4. Business Phone No.

(401)946-1881

5. State of Incorporation  
**MINNESOTA**

6. SIC Code

0

7. Brief Description of the Character of Business Conducted in Rhode Island

Home health services and medical supplemental staffing

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

Todd J. Garamella

Street Address

6600 France Avenue South, #510

City

Edina

State

MN

Zip

55435

Secretary Name

Todd J. Garamella

Street Address

Same as above

City

State

Zip

Vice President Name

None

Street Address

City

State

Zip

Treasurer Name

Greg Von Arx

Street Address

6600 France Avenue South, #510

City

Edina

State

MN

Zip

55435

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

Todd J. Garamella

Street Address

Same as above

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

~~10,000,000~~

1,000,000

Common-voting

none

1,000,000

Common-voting

none

500,000

Preferred

none

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

10,000

Common-voting

none

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 0 6 3 0 0 \*

File Date: 1/22/01

Check No.: 13556

By: KCW

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 of Officer

Todd J. Garamella

Print or Type Name of Officer

Date

1-16-01

President and CEO