



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

106300 Intrepid of Rhode Island, Inc.

3. Street Address Principal Business Office

476 Wellington, 1st & 2nd Floors

City

Cranston

State

RI

Zip

02910

4. Business Phone No.

(401) 461-0088

5. State of Incorporation

MINNESOTA

6. SIC Code

9886

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

Home health agency and 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

6750 France Avenue S. #275

City

Edina

State

MN

Zip

55435

Vice President Name

n/a

Street Address

City

State

Zip

Secretary Name

Todd J. Garamella

Street Address

6750 France Avenue S. #275

City

Edina

State

MN

Zip

55435

Treasurer Name

Greg Von Arx

Street Address

6750 France Avenue S. #275

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

6750 France Avenue S. #275

City

Edina

State

MN

Zip

55435

Director Name

Street Address

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000,000

common-voting

none

~~10,000,000~~

1,000,000

common-nonvoting

none

500,000

preferred

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: 2-8-00

Check No.: 12650

By: AMF

FOR SECRETARY OF STATE USE ONLY

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

President

January 31, 2000
Date