



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 2016

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. 64603		2. Exact name of the Corporation Silver Spring Healthcare Management, Inc.			
3. Principal office address 100 Kenyon Avenue			City Wakefield	State RI	Zip 02879
4. Business Phone No. 401-782-8000		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Healthcare management.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Louis R. Giancola			Vice-President Name None		
Street Address 100 Kenyon Avenue			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Secretary Name Anne Schmidt			Treasurer Name Thomas J. Breen		
Street Address 100 Kenyon Avenue			Street Address 100 Kenyon Avenue		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
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
			100	Common	1.00

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 _____

FILED

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.

Check No _____

JAN 20 2016

By: _____

Signature of Authorized Representative _____ Date _____

FOR SECRETARY OF STATE USE ONLY

BY 3091

Louis R. Giancola, President & CEO

Print or Type Name of Authorized Representative