



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

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 101206		2. Name of Corporation The Daniel Child House, Inc.			
3. Street Address Principal Business Office 767 Main St.			City Warren	State RI	Zip 02885
4. Business Phone No. 247-1560		5. State of Incorporation Rhode Island			6. SIC Code 9472
7. Brief Description of the Character of Business Conducted in Rhode Island To provide housing to the elderly and assist with their activities of daily living.					
8. NAMES AND ADDRESSES OF THE OFFICERS (X) BOX FOR ATTACHMENT () FILE IN SPACES BEFORE USING ATTACHMENTS					
President Name Carlos A. Ferreira			Vice President Name Carlos A. Ferreira		
Street Address 23 Laura Street			Street Address 23 Laura Street		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name Carlos A. Ferreira			Treasurer Name Carlos A. Ferreira		
Street Address 23 Laura Street			Street Address 23 Laura Street		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
9. NAMES AND ADDRESSES OF THE DIRECTORS (X) BOX FOR ATTACHMENT () FILE IN SPACES BEFORE USING ATTACHMENTS					
Director Name			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
10. SHARES AUTHORIZED (X) BOX FOR ATTACHMENT ()					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	COMM NO PAR VALUE		100	Common	No Par Value

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



1 0 1 2 0 6

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.

Carlos Ferreira 2/24/05
Signature of Officer Date

Carlos A. Ferreira
Print or Type Name of Officer

President
Title of Officer

File Date: 2-28-05
Check No.: 1876
By: [Signature]
FOR SECRETARY OF STATE USE ONLY



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 101206		2. Name of Corporation The Daniel Child House, Inc.			
3. Street Address Principal Business Office 767 MAIN STREET			City WARREN	State RI	Zip 02885-
4. Business Phone No. 4012471560		5. State of Incorporation RHODE ISLAND			6. SIC Code 9472
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE HOUSING TO THE ELDERLY AND ASSIST WITH THEIR ACTIVITIES OF DAILY LIVING.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Carlos A. Ferreira			Vice President Name Carlos A. Ferreira		
Street Address 23 Laura Street			Street Address 23 Laura Street		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name Carlos A. Ferreira			Treasurer Name		
Street Address 23 Laura Street			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Carlos A. Ferreira			Director Name		
Street Address 23 Laura Street			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares			Class/Series		
Par Value			Par Value		
1,000 COMM NO PAR VALUE			100		
			Common		
			No Par Value		
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares			Class/Series		
Par Value			Par Value		
			100		
			Common		
			No Par Value		

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



1 0 1 2 0 6

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.

Carlos A. Ferreira 01.20.04
Signature of Officer Date

Carlos A. Ferreira
Print or Type Name of Officer

President
Title of Officer

101206 DBC 12/30/03 02:37:07 PM

File Date 1-21-04

Check No. 1465

By: [Signature]

FOR SECRETARY OF STATE USE ONLY



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

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *101206*		2. Name of Corporation The Daniel Child House, Inc.	
3. Street Address Principal Business Office 767 MAIN STREET		City WARREN	State RI
		Zip 02885-	
4. Business Phone No. 247-1560	5. State of Incorporation RHODE ISLAND		6. SIC Code 9472
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE HOUSING TO THE ELDERLY AND ASSIST WITH THEIR ACTIVITIES OF DAILY LIVING.			

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

President Name Carlos A. Ferreira			Vice President Name Carlos A. Ferreira		
Street Address 23 Laura Street			Street Address 23 Laura Street		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name Carlos A. Ferreira			Treasurer Name		
Street Address 23 Laura Street			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip

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

Director Name Carlos A. Ferreira			Director Name		
Street Address 23 Laura Street			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE			100	Common	No Par Value

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



* 1 0 1 2 0 6 *

101206 DBC1/18/033:43:33 PM

File Date 2/13/03

Check No. 1336

By: [Signature]

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.

Carlos A Ferreira 1-20-03
Signature of Officer Date

Carlos A. Ferreira
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 101206
 2. Name of Corporation Park Place, Inc. Assisted Living
 3. Street Address Principal Business Office 767 Main Street
 City Warren State RI Zip 02885
 4. Business Phone No. 5. State of Incorporation RI
 6. SIC Code
 7. Brief Description of the Character of Business Conducted in Rhode Island
 Nursing Home/Elder Care Facility

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

President Name Carlos Ferreira Street Address 23 Laura Street City East Providence, R RI State RI Zip 02914	Vice President Name S Street Address The Daniel City child house, Inc. State RI Zip
Secretary Name Same Street Address City State Zip	Treasurer Name S Street Address City State Zip

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

Director Name Street Address 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
	1000	Common	No Par Value

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100	Common	No Par Value

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

FILED

File Date: JUL 02 2002

Check No.: By [Signature]

By: _____

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: Carlos Ferreira Date: 7-2-02

Print or Type Name of Officer: President



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. 101206
2. Name of Corporation Park Place, Inc. Assisted Living
3. Street Address Principal Business Office 767 Main Street
City Warren State RI Zip 02885
4. Business Phone No. 6. SIC Code 02885
5. State of Incorporation RI
7. Brief Description of the Character of Business Conducted in Rhode Island
Nursing Home/Elder care facility

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

President Name Kim Ferreira Street Address 23 Laura Street City State Zip East Providence RI 02914	Vice President Name Carlos Ferreira Street Address 23 Laura Street City State Zip East Providence RI 02914
Secretary Name Kim Ferreira Street Address 23 Laura Street City State Zip East Providence RI 02914	Treasurer Name Carlos Ferreira Street Address 23 Laura Street City State Zip East Providence RI 02914

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

Director Name Street Address 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
	1000	Common	No Par Value

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100	Common	No Par Value

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

FILED

File Date: JUL 02 2002
Check No.:
By: [Signature]

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: Carlos Ferreira
Date: 7-2-02

Print or Type Name of Officer: Carlos Ferreira

Title of Officer: Vice President



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. 101206
2. Name of Corporation Park Place, Inc. Assisted Living
3. Street Address Principal Business Office 7676 Main Street
City Warren State RI Zip 02885
4. Business Phone No.
5. State of Incorporation RI
6. SIC Code 02885

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

Nursing Home/Elder Care Facility

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

President Name			Vice President Name		
Kim Ferreira			Carlos Ferreira		
Street Address			Street Address		
23 Laura Street			23 LAURA Street		
City	State	Zip	City	State	Zip
East Providence	RI	02914	East Providence	RI	02914
Secretary Name			Treasurer Name		
Kim Ferreira			Carlos Ferriera		
Street Address			Street Address		
23 Laura Street			23 Laura Street		
City	State	Zip	City	State	Zip
East Providence	RI	02914	East Providence	RI	02914

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

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
1000	Common	No Par Value

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
100	Common	No Par Value

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

FILED

JUL 02 2002

File Date: _____
By: CC # 286784

Check No.: _____
By: _____

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.

Carlos Ferreira 7-2-02
Signature of Officer Date

Carlos Ferreira
Print or Type Name of Officer
Vice President

Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 101206 2. Name of Corporation Park Place, Inc. Assisted Living
3. Street Address Principal Business Office 767 Main Street City Warren State RI Zip 02885
4. Business Phone No. _____ 5. State of Incorporation RI 6. SIC Code _____
7. Brief Description of the Character of Business Conducted in Rhode Island _____

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

President Name <u>Kim Ferreira</u>	Vice President Name <u>Carlos Ferreira</u>
Street Address <u>23 Laura Street</u>	Street Address <u>23 Laura Street</u>
City <u>East Providence</u> State <u>RI</u> Zip <u>02914</u>	City <u>East Providence</u> State <u>RI</u> Zip <u>02914</u>
Secretary Name <u>Kim Ferreira</u>	Treasurer Name <u>Carlos Ferreira</u>
Street Address <u>23 Laura Street</u>	Street Address <u>23 Laura Street</u>
City <u>East Providence</u> State <u>RI</u> Zip <u>02914</u>	City <u>East Providence</u> State <u>RI</u> Zip <u>02914</u>

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

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
<u>1000</u>	<u>Common</u>	<u>No Par Value</u>

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<u>100</u>	<u>Common</u>	<u>No Par Value</u>

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

FILED

File Date: JUL 02 2002
Check No.: cc # 43
Ey 280784
By: _____

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.
Carlos Ferreira 7-2-02
Signature of Officer Date
Carlos Ferreira
Print or Type Name of Officer
Vice President
Title of Officer