

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

Matthew A. Brown, Secretary of State

ROFIT CORPORATION	ANNUAL REPORT FOR THE YEAR	2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2 Name of Corporation 103806 A Better Day Assisted Living, Inc. 3 Street Address Principal Business Office 02860 140 5. State of Incorporation 9472 RHODE ISLAND scription of the Character of Business Conducted in Rhode Island PROVIDE RESIDENTIAL CARE AND ASSISTED LIVING FACILITY ANDADULT DAY CARE SERVICES. 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Treasure 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name NONE Street Address Street Address City State City State Director Name Director Name Street Address Street Address State Zip City 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Number of Shares Par Value Class/Series Number of Shares Class/Series Par Value No PAR VALLE **500 NO PAR VALUE** COMMON NO PARUANE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee 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. FILED File Date Name of Officer ES: DEN FOR SECRETARY OF STATE USE ONLY Title of Officer



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

Form 630 Rev. 12/03

2004

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _

Filing Period: January 1 - M (FORM MUST BE TYPED OR PRIS		ng Fee: \$50.00			
1. Corporate ID No.	2. Name of Corporation				
103806 3. Street Address Principal Business		Assisted Living, Inc.	I au	Louis	170
240 Cent		18	PAWTUCKE	H State	02860
4. Business Phone No. 728	1-2641	5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character PROVIDE RESIDENTIA	of Business Conducted in L CARE AND ASSIS	Rhode Island	DADULT DAY CARE SERVICE		1
8. NAMES AND ADDRESSES			CHMENT) FILL IN SP.		TACHMENTS
President North ANDLA	GRECO	O	Vice President Sugne ANDR	a GRECO)
Sircei Address 5 D	exbury	ST	Street Address	Durbury	31
Brownence	State R.I	02909	Clip PROV.	State R.I	02909
Secretary Name SAND	LA GRE	6	Treasurer Name S An D	RA GREC	ے ا
Street Address 25	Duxbun	1 ST.	Street Address 25 1	Juxbury	3T
PROV.	State R.I.	²¹⁰ 02909	CILY POV	State R.I	2ip 2909
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<u>* 1</u>	03806	■III I UUI >	including any accompa-	y, I declare and affirm that I nying schedules and stateme	
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		<u> </u>	Signature of Officer	- Vic Jue	Date
ر	2004	X 4	SAND	RA GRECO	
By:	UU H	<u> </u>	Print or Type Name of O		
FOR SECRETARY OF STA	ATE USE ONLY	·	- ' FK	63! PEN1	

Title of Officer



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



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(FORM MUST BE TYPED OR PR	INTED IN BLACK)				
1. Corporate ID No. 103806	2. Name of Corpor A Better Da	ation Ny Assisted Living, Inc.			
3. Street Address Principal Busin			City	State	Zip
940 6	ENTRAL	AVE	EPAWT W	Cet (KI)	zip O 28 CZ
4. Business Phone No.	728-26	5. State of Incorporation RHODE ISLAND		3,	6. SIC Code 9472
7. Brief Description of the Chara	cter of Business Conducted STC 1224	in Rhode Island	_		3412
8. NAMES AND ADDR		ICERS ("X" BOX FOR ATTAC	•	BEFORE USING ATTACI	MENTS
President Name	\sim		Vice President Name		IIII III
SANDRA	r Greci) _	5	ANDRA (STE	200
Street Address DO.	xbury S	T PROV.	Street Address	Durbury	
02909	State R.I	zip 02909		State R.F	02909
Secretary Name	0		Treaturer Name	^	• • • • • • • • • • • • • • • • • • • •
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() Rov.		•	CIA LAKON.	State R. F	²¹⁹ 02909
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£ 5	Durbue	1 ST	Street Address		
City PROV.	State R - E	1 ST 02909	City	'State	Zip
Director Name		0210)	Director Name	; .	• • •
Street Address			Street Address		
City .	State	Zip	City	State	Zip
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File Date:	6-3-03
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OR SECRETARY O	OF STATE USE ONLY

Under penalty of perjury, I declare and affirm	that I have examined
this report, including any accompanying scheo	
that all statements contained herein are true a	nd correct.
_ andre was	3/14/23
Signorum of Officer	Date
DANBRA (STECO	
Crint or type Name of Officer	
TRESIDENT.	
Title of Officer	Farm (30 12/02
	Form 630 12102



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



PROFIT (CORPORATION January 1-March 1 •	ANNUAL RI	EPORT FOR T	HE YEAR 200	oa stor
(FORM MUST BE TYI I. Corporate ID No.	PED IN BLACK)				INSTRUCTION
10380 3. Street Address Princip	2. Name of Cospora 2. Name of Cospora A Business Office	ETTER DAY	ASSISTED L	iving, Inc	
	CENTRAL AV	E S. State of Incorporation	PAWTUCK	Set R.I	02 806
7. Arief Description of the	8-2671 ne Character of Business Conducted in	PHO	E ISLAND		6. SIC Code 9472
* PROVIL	SE ASSISTED	Living 3	Services To	Seviors	
President Name	OP THE OFFI	CERS (*X* BOX FOR ATTA	CHMENT) - FILL IN SPAC Vice President Name	ES BEFORE USING ATTAC	HMENTS
Street Address	A GRECO		Street Address	DRA GREG	20
C10)	Durbury ST.	Zip		DUXBURY :	57.
Secretary Name	$\mathcal{R}.\mathcal{I}$	02909		State Z	02909
SANA	ea GRECO		Heathlet Name	DRA GRECO	•
25 De	UXBURY ST.		Street Address	Uxbury 57	
PROU.	UXBURY ST.	02909	City PROV	Slate R. F	02909
9. NAMES AND A Director Name	DDRESSES OF THE DIREC	CTORS (*X* BOX FOR AT)	FACHMENT) FILL IN SPA	CES BEFORE USING ATTA	CHMENTS
Street Address	PONE			YONE	
			Street Address		
Gity _	State	Zip	City	State	. Zip
Director Name	ONE		Director Name	10 NG	•
Street Address	•		Street Address		
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10. SHARES AUTHO	ORIZED ("X" BOX FOR ATTAC	HMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMENT)	
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his report must be	e signed in ink by either	the President, Vice F	President, Secretary, Ass	istant Secretary, Treasure	er, Receiver or Trustee
			Hedon access		
File Date:	ii i	1 72 HJ .05	DI Hols report, includia	orjury, I declare and affirm t ng any accompanying schedo contained herein are true an	iles and statements, and

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FOR SECRETARY OF STATE USE ONLY

Print or Type Name of Officer



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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



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(FORM MUST BE TYPED IN 1. Corporate ID No.	2. Name of Corporation			- -	_
103806 3. Street Address Principal Bus	iness Office A Berr	TER DAY 1	ASSISTED -	Living, Inc	Zip
240 cen	TRAL AVE		PAWTU	CKET RI.	v 2860
4. Business Phone No.	7-2671	3. State of Incorporation			6. SIC Code
	racter of Business Conducted in Rh	node Island	ISLAND		44.72
PROVIDE	ASSISTED Li	uing Sezu	ices To S.	eniors 4 Abu	UTS.
8. NAMES AND ADD. President Name	RESSES OF THE OFFICE	RS (*XOBOX FOR ATTACH	MENT) FILL IN SPAC Vice President Name	ES BEFORE USING ATTACH	MENTS
SANARA Street Address	GRECO			DRA GRECO	
25 Duk	SURY ST.		. 25 D	urbury ST.	
PROV.	State	02909	. City PROV.	State R. I	02909
Secretary Name SANDLA	GRECO		Treasurer Name	_	/
Street Address			Street Address	_	
	ebuzy ST.	•	25 00	Kbury ST.	_
PROV.	Store Z. I	02909	City P20	V. State RIT	121p 02909
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Director Name NoN 8	?		Director Name		
Street Address	-		Street Address	<i></i>	
City	State	Zip	City	State	Zip
Director Name	••:		Director Name	•	
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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 an Statements	contained	nerein are	true and	COLLGO
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Signature of Officer Date

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Title of Officer

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Form 630 12/01

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



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1. Corporate ID No. 103806	2. Name of Corporation A Better Day	y Assisted Living	g, Inc.		
3. Street Address Principal Business Of 240 Centr	` 1 _		PAWTUCKET	State	02850
4. Business Phone No. (401) 728-24	٠٦١	S. State of Incorporation RHODE ISLAND	ACCICTAN LINE	100 0	6. SIC Code 9472
7. Brief Description of the Character of Seniors & ADWIT	f Business Conducted in Rh SPUrSUan	iode Island Provide To Chapter	2 23-17 al th	e General LA	inz gt s.I.
8. NAMES AND ADDRESSI			· · · · · · · · · · · · · · · · · · ·	ORE USING ATTACHM	
SANDRA C	RECO		· · · · · · · · · · · · · · · · · · ·	a Greco	
35 Duxbur	ey ST.		25 Duxbu	iry St	
Prov.	State R.I	02909	"Prov.	State R.I	02809
SANDRA GA	reco		SANDRA	GRECO	
35 Duxby	RY ST		25 Duxbi	ury St	
CITY Prov.	State R. I	21002909	City Prov	Sign R. I	02909
9. NAMES AND ADDRESSI Director Name Non E	ES OF THE DIRECT	FORS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES B Director Name	EFORE USING ATTACH	IMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name	· · · · · · · · · · · · · · · · · · ·		Director Name		
Street Address			Street Address		
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10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTACH	IMENT)	11. SHARES ISSUED ("X")	BOX FOR ATTACHMENT)	
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Check No.:	7000
By:FOR SECRETARY	OF STATE USE ONLY

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Under penalty of perjury, I declare and affirm this report, including any accompanying sched			
that all statements contained herein are true a	nd correct		1
Sondia (grea)	3	10	100
Signature of Officer	Date		
SANDRA GRECO			
Print on Type Name of Officer			
Printarype Name of Officer President			
Title of Officer			



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, Ri 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 99 Filing Period: January 1-March 1 • Filing Fee: \$50.00



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	ICI • IS ("X" BOX FOR ATTACHM	AENT)		
		Vice President Name		
		Sandra Greco		
		Street Address		
				7 1-
	·	·		21p
RI	02909	Providence Treasurer Name	KI	02909
		Sandra Greco Street Address		
et		25 Duxbury St	reet	
	Zip	City	State	Zip
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OF THE DIRECT	ORS ("X" BOX FOR ATTAC	CHMENT) Director Name		
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Inder penalty of perjury, I declare a his report, including any accompan	
har all statements contained herein	· -
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made Soler	8/5/29
Ignature of Officer	Date
Sandra Greco	
rint or Type Name of Officer	
President	

Title of Officer