



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 OR PRINTED IN BLACK)

1. Corporate ID No. 103806		2. Name of Corporation A Better Day Assisted Living, Inc.			
3. Street Address Principal Business Office 240 CENTRAL AVE		City PAWTUCKET	State R.I.	Zip 02860	
4. Business Phone No. (401) 728-2671		5. State of Incorporation RHODE ISLAND			6. SIC Code 9472
7. Brief Description of the Character of Business Conducted in Rhode Island PROVIDE RESIDENTIAL CARE AND ASSISTED LIVING FACILITY AND ADULT DAY CARE SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name SANDRA GRECO			Vice President Name SANDRA GRECO		
Street Address 25 Duxbury ST			Street Address 25 Duxbury ST		
City PROV.	State R.I.	Zip 02909	City PROV	State R.I.	Zip 02909
Secretary Name SANDRA GRECO			Treasurer Name SANDRA GRECO		
Street Address 25 Duxbury ST.			Street Address 25 Duxbury ST.		
City PROV.	State R.I.	Zip 02909	City PROV.	State R.I.	Zip 02909
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			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) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 NO PAR VALUE	COMMON	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



File Date	FILED
Check No.	JUN 16 2005
By:	<u>[Signature]</u>
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] 5/31/05
Signature of Officer Date
SANDRA GRECO
Print or Type Name of Officer
PRESIDENT
Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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1. Corporate ID No. 103806		2. Name of Corporation A Better Day Assisted Living, Inc.			
3. Street Address Principal Business Office 240 CENTRAL AVE		City PAWTUCKET	State R.I.	Zip 02860	
4. Business Phone No. (401) 728-2641		5. State of Incorporation RHODE ISLAND		6. SIC Code 9472	
7. Brief Description of the Character of Business Conducted in Rhode Island PROVIDE RESIDENTIAL CARE AND ASSISTED LIVING FACILITY AND ADULT DAY CARE SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name SANDRA GRECO			Vice President Name SANDRA GRECO		
Street Address 25 Duxbury ST			Street Address 25 Duxbury ST		
City PROVIDENCE	State R.I.	Zip 02909	City PROV.	State R.I.	Zip 02909
Secretary Name SANDRA GRECO			Treasurer Name SANDRA GRECO		
Street Address 25 Duxbury ST.			Street Address 25 Duxbury ST		
City PROV.	State R.I.	Zip 02909	City PROV.	State R.I.	Zip 02909
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			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) <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
500 NO PAR VALUE	COMMON	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 3 8 0 6 *

File Date RECEIVED
Check No. AUG 20 2004
By: 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.

Signature of Officer [Signature] Date 7/25/04
Print or Type Name of Officer SANDRA GRECO
Title of Officer PRESIDENT



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 OR PRINTED IN BLACK)

1. Corporate ID No. 103806 2. Name of Corporation A Better Day Assisted Living, Inc.

3. Street Address Principal Business Office 240 CENTRAL AVE City PAWTUCKET State RI Zip 02860
4. Business Phone No. (401) 728-2671 5. State of Incorporation RHODE ISLAND

7. Brief Description of the Character of Business Conducted in Rhode Island 14 bed ASSISTED LIVING FACILITY

6. SIC Code 9472

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

President Name Sandra Greco
Street Address 25 Duxbury St City PROV. State R.I. Zip 02909

Vice President Name Sandra Greco
Street Address 25 Duxbury St City PROV. State R.I. Zip 02909

Secretary Name Sandra Greco
Street Address 25 Duxbury St City PROV. State R.I. Zip 02909

Treasurer Name Sandra Greco
Street Address 25 Duxbury St City PROV. State R.I. Zip 02909

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

Director Name Sandra Greco
Street Address 25 Duxbury St City PROV. State R.I. Zip 02909

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
500	NO	PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
None	None	0

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



* 1 0 3 8 0 6 *

File Date: 6-3-03

Check No.: 2645

By: 2

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 Sandra Greco Date 3/14/03

Print or Type Name of Officer Sandra Greco

Title of Officer PRESIDENT



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 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 103806 2. Name of Corporation A BETTER DAY ASSISTED Living, INC
3. Street Address Principal Business Office 240 CENTRAL AVE City PAWTUCKET State R.I Zip 02806
4. Business Phone No. (401) 728-2671 5. State of Incorporation RHODE ISLAND 6. SIC Code 9472

7. Brief Description of the Character of Business Conducted in Rhode Island
PROVIDE ASSISTED Living SERVICES TO SENIORS & ADULTS.

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

President Name <u>SANDRA GRECO</u> Street Address <u>25 DUXBURY ST.</u> City <u>PROV.</u> State <u>R.I</u> Zip <u>02909</u>	Vice President Name <u>SANDRA GRECO</u> Street Address <u>25 DUXBURY ST.</u> City <u>PROV.</u> State <u>R.I</u> Zip <u>02909</u>
Secretary Name <u>SANDRA GRECO</u> Street Address <u>25 DUXBURY ST.</u> City <u>PROV.</u> State <u>R.I</u> Zip <u>02909</u>	Treasurer Name <u>SANDRA GRECO</u> Street Address <u>25 DUXBURY ST.</u> City <u>PROV.</u> State <u>R.I</u> Zip <u>02909</u>

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

Director Name <u>NONE</u> Street Address <u>NONE</u> City _____ State _____ Zip _____	Director Name <u>NONE</u> Street Address <u>NONE</u> City _____ State _____ Zip _____
Director Name <u>NONE</u> Street Address <u>NONE</u> City _____ State _____ Zip _____	Director Name <u>NONE</u> Street Address <u>NONE</u> City _____ State _____ Zip _____

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

Number of Shares	Class/Series	Par Value
<u>500</u>	<u>COMMON</u>	<u>NO PAR VALUE</u>

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

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

File Date: JAN 18 2002
Check No.: 0043
By: 2/1/05

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: Sandra Greco Date: 1/8/02
Print or Type Name of Officer: SANDRA GRECO
Title of Officer: PRESIDENT



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. **103806** 2. Name of Corporation **A Better Day Assisted Living, Inc.**

3. Street Address Principal Business Office **240 Central AVE** City **PAWTUCKET** State **RI** Zip **02860**

4. Business Phone No. **(401) 728-2671** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9472**

7. Brief Description of the Character of Business Conducted in Rhode Island **Provide ASSISTED Living Services to Seniors & Adults Pursuant to Chapter 23-17 of the General Laws of R.I.**

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

President Name SANDRA GRECO	Vice President Name SANDRA GRECO
Street Address 25 Duxbury ST.	Street Address 25 Duxbury ST
City PROV. State R.I. Zip 02909	City PROV. State R.I. Zip 02809
Secretary Name SANDRA GRECO	Treasurer Name SANDRA GRECO
Street Address 25 Duxbury ST	Street Address 25 Duxbury ST
City PROV. State R.I. Zip 02909	City PROV State R.I. Zip 02909

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

Director Name NONE	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	Number of Shares	Class/Series	Par Value
	500 NO PAR VALUE	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



* 1 0 3 8 0 6 *

File Date: 3/31/00
962

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.

Sandra Greco 3/10/00
Signature of Officer Date

SANDRA GRECO
Print or Type Name of Officer

President
Title of Officer



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
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 99

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 103806 2. Name of Corporation A Better Day Assisted Living, Inc.
3. Street Address Principal Business Office 240 Central Avenue City Pawtucket State RI Zip 02860
4. Business Phone No. 401-728-2671 5. State of Incorporation Rhode Island 6. SIC Code 9472
7. Brief Description of the Character of Business Conducted in Rhode Island Provide "residential care and assisted living facility" and adult day care services pursuant to Chapter 23-17 of the General Laws of Rhode Island.

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name	Vice President Name
Sandra Greco	Sandra Greco
Street Address	Street Address
25 Duxbury Street	25 Duxbury Street
City	City
Providence	Providence
State	State
RI	RI
Zip	Zip
02909	02909
Secretary Name	Treasurer Name
Sandra Greco	Sandra Greco
Street Address	Street Address
25 Duxbury Street	25 Duxbury Street
City	City
Providence	Providence
State	State
RI	RI
Zip	Zip
02909	02909

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name	Director Name
None	
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
500	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

File Date: 8-11-99

Check No.: 754

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.

[Signature] 8/5/99
Signature of Officer Date

Sandra Greco
Print or Type Name of Officer

President
Title of Officer