



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)

Form with sections 1-11 containing corporate information, officer and director details, and share data. Includes fields for Corporate ID No., Name of Corporation, Street Address, Business Phone No., State of Incorporation, and names/addresses of President, Vice President, Secretary, Treasurer, and Directors.

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.

File Date: 1/25/05
Check No.: 1958
By: DA
FOR SECRETARY OF STATE USE ONLY

Signature of Officer: Leslie Taylor
Date: 1/21/05
Print or Type Name of Officer: Leslie TAYLOR
Title of Officer: Secretary



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004
Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 111410		2. Name of Corporation Carriage House at the Elms, Inc.			
3. Street Address Principal Business Office 22 ELM STREET			City WESTERLY	State RI	Zip 02891
4. Business Phone No. 401-596-4630		5. State of Incorporation RHODE ISLAND		6. SIC Code 7211	
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE OWNERSHIP, DEVELOPMENT, OPERATION AND MANAGEMENT OF AN ALZHEIMERS/DEMENTIA FACILITY.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name GUY MAIORANO			Vice President Name NONE		
Street Address 41 HIGH RIDGE DRIVE			Street Address		
City PAWCATUCK	State CT	Zip 06379	City	State	Zip
Secretary Name LESLIE TAYLOR			Treasurer Name GUY MAIORANO		
Street Address 58 TOM WHEELER ROAD			Street Address 41 HIGH RIDGE DRIVE		
City N. STONINGTON	State CT	Zip 06359	City PAWCATUCK	State CT	Zip 06379
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name GUY MAIORANO			Director Name		
Street Address 41 HIGH RIDGE DRIVE			Street Address		
City PAWCATUCK	State CT	Zip 06379	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
2,000 NO PAR VALUE			NONE		

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



* 1 1 1 4 1 0 *

File Date 3/11/04
Check No. 1748
By: LS
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 Leslie Taylor Date 3/1/04
Print or Type Name of Officer LESLIE TAYLOR
Title of Officer SECRETARY



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. 111410 2. Name of Corporation Carriage House at the Elms, Inc.
3. Street Address Principal Business Office 22 Elm Street City Westerly State RI Zip 02891
4. Business Phone No. 401-596-4630 5. State of Incorporation RHODE ISLAND 6. SIC Code 7211

7. Brief Description of the Character of Business Conducted in Rhode Island
Assisted Living Facility for the Elderly

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

President Name Guy M. Maiorano	Vice President Name None
Street Address 41 High Ridge Drive	Street Address
City State Zip Pawcatuck CT 06379	City State Zip
Secretary Name Leslie R. Taylor	Treasurer Name Guy M. Maiorano
Street Address 58 Tom Wheeler Road	Street Address 41 High Ridge Drive
City State Zip N. Stonington CT 06359	City State Zip Pawcatuck CT 06379

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

Director Name Guy M. Maiorano	Director Name
Street Address 41 High Ridge Drive	Street Address
City State Zip Pawcatuck CT 06379	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	Class/Series	Par Value
2,000 NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
None		

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



* 1 1 1 4 1 0 *

File Date: 2/3/03

Check No.: 1490

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] 1/31/03
Signature of Officer Date

Leslie R. Taylor

Print or Type Name of Officer

Secretary

Title of Officer

5



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. **111410** 2. Name of Corporation **Carriage House at the Elms, Inc.**
3. Street Address Principal Business Office **22 Elm Street** City **Westerly** State **RI** Zip **02891**
4. Business Phone No. **401-596-4630** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7211**

7. Brief Description of the Character of Business Conducted in Rhode Island
Assisted Living Facility for the Elderly

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

President Name Guy M. Maiorano	Vice President Name None
Street Address 41 High Ridge Drive	Street Address
City State Zip Pawcatuck CT 06379	City State Zip
Secretary Name Leslie R. Taylor	Treasurer Name Guy M. Maiorano
Street Address 58 Tom Wheeler Road	Street Address 41 High Ridge Drive
City State Zip N. Stonington CT 06359	City State Zip Pawcatuck CT 06379

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

Director Name Guy M. Maiorano	Director Name
Street Address 41 High Ridge Drive	Street Address
City State Zip Pawcatuck CT 06379	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
2,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
None

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



* 1 1 1 4 1 0 *

File Date: 2/14/02
Check No.: 1290
By: LB

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.

Leslie R. Taylor 2/14/02
Signature of Officer Date

Leslie R. Taylor
Print or Type Name of Officer

Secretary
Title of Officer



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. **111410** 2. Name of Corporation **Carriage House at the Elms, Inc.**
3. Street Address Principal Business Office **22 Elm Street** City **Westerly** State **RI** Zip **02891**
4. Business Phone No. **401-596-4630** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7211**

7. Brief Description of the Character of Business Conducted in Rhode Island
Assisted Living Facility for the Elderly

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

President Name Guy M. Maiorano	Vice President Name None
Street Address 41 High Ridge Drive	Street Address
City Pawcatuck State CT Zip 06379	City State Zip
Secretary Name Leslie R. Taylor	Treasurer Name Guy M. Maiorano
Street Address 58 Tom Wheeler Road	Street Address 41 High Ridge Drive
City N. Stonington State CT Zip 06359	City Pawcatuck State CT Zip 06379

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

Director Name Guy M. Maiorano	Director Name
Street Address 41 High Ridge Drive	Street Address
City Pawcatuck State CT Zip 06379	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
2,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
None

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



* 1 1 1 4 1 0 *

File Date: 2/28
1089
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.

Leslie R. Taylor 2/27/01
Signature of Officer Date

Leslie R. Taylor
Print or Type Name of Officer
Secretary
Title of Officer