



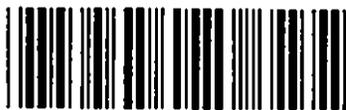
**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>10437</b>		2. Name of Corporation <b>Shady Acres Inc.</b>			
3. Street Address Principal Business Office <b>57 FREY AVENUE</b>			City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>
4. Business Phone No. <b>(401) 821-3300</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>9472</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>NURSING HOME</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>CHARLES W. MIGA</b>			Vice President Name <b>ROSE MARIE J. MIGA</b>		
Street Address <b>57 FREY AVENUE</b>			Street Address <b>SAME</b>		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>	City	State	Zip
Secretary Name <b>ROSE MARIE J. MIGA</b>			Treasurer Name <b>CHARLES W. MIGA</b>		
Street Address <b>SAME AS ABOVE</b>			Street Address <b>SAME AS ABOVE</b>		
City	State	Zip	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 <b>CHARLES W. MIGA</b>			Director Name <b>ROSE MARIE J. MIGA</b>		
Street Address <b>SAME AS ABOVE</b>			Street Address <b>SAME AS ABOVE</b>		
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
<b>1,000 NO PAR VALUE</b>			<b>100</b>	<b>COMMON</b>	<b>NO PAR VALUE</b>

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



\*10437\*

File Date 2-18-05  
Check No. 12327  
By: MB  
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.

Charles W. Miga 2/9/05  
Signature of Officer Date

**CHARLES W. MIGA**

Print or Type Name of Officer

**PRESIDENT**

Title of Officer



**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. 10437		2. Name of Corporation Shady Acres Inc.			
3. Street Address Principal Business Office 1551 Centreville Road			City Warwick	State RI	Zip 02886
4. Business Phone No. (401) 821-3300		5. State of Incorporation RHODE ISLAND			6. SIC Code 9472
7. Brief Description of the Character of Business Conducted in Rhode Island NURSING HOME					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name CHARLES W. MIGA			Vice President Name ROSE MARIE J. MIGA		
Street Address 57 Frey Avenue			Street Address SAME		
City Warwick	State RI	Zip	City	State	Zip
Secretary Name ROSE MARIE J. MIGA			Treasurer Name CHARLES W. MIGA		
Street Address SAME AS ABOVE			Street Address SAME AS ABOVE		
City	State	Zip	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 CHARLES W. MIGA			Director Name ROSE MARIE J. MIGA		
Street Address SAME AS ABOVE			Street Address SAME AS ABOVE		
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 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 4 3 7 \*

File Date 2-27-07  
Check No. 11990  
By: ICP  
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.

Charles W. Miga 2/16/04  
Signature of Officer Date

CHARLES W. MIGA  
Print or Type Name of Officer

President  
Title of Officer



**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. **10437** 2. Name of Corporation **Shady Acres Inc.**  
3. Street Address Principal Business Office **1551 CENTREVILLE ROAD** City **WARWICK** State **RI** Zip **02816**  
4. Business Phone No. **(401) 821-3300** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9472**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**NURSING HOME**

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

President Name <b>CHARLES W. MIGA</b> Street Address <b>57 Frey Avenue</b> City <b>Warwick</b> State <b>RI</b> Zip <b>02886</b> Secretary Name <b>ROSE MARIE J. MIGA</b> Street Address <b>SAME</b> City <b>SAME</b> State <b>RI</b> Zip <b>02886</b>	Vice President Name <b>ROSE MARIE J. MIGA</b> Street Address <b>SAME</b> City <b>SAME</b> State <b>RI</b> Zip <b>02886</b> Treasurer Name <b>CHARLES W. MIGA</b> Street Address <b>SAME</b> City <b>SAME</b> State <b>RI</b> Zip <b>02886</b>
--	--

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

Director Name <b>CHARLES W. MIGA</b> Street Address <b>SAME AS ABOVE</b> City <b>SAME</b> State <b>RI</b> Zip <b>02886</b>	Director Name <b>ROSE MARIE J. MIGA</b> Street Address <b>SAME AS ABOVE</b> City <b>SAME</b> State <b>RI</b> Zip <b>02886</b>
--	---

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	1,000	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 4 3 7 \*

File Date: 2/24/03  
Check No.: 11632  
By: 82

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.

Charles W. Miga  
Signature of Officer Date  
**CHARLES W. MIGA**  
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. **10437** 2. Name of Corporation **Shady Acres Inc.**  
3. Street Address Principal Business Office **1551 CENTREVILLE ROAD** City **WARWICK** State **RI** Zip **02893**  
4. Business Phone No. **(401) 821-3300** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9472**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Nursing home**

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

President Name <b>CHARLES W. MIGA</b> Street Address <b>57 Frey Avenue</b> City <b>Warwick</b> State <b>RI</b> Zip <b>02886</b>	Vice President Name <b>ROSE MARIE J. MIGA</b> Street Address <b>SAME</b> City <b>SAME</b> State <b>RI</b> Zip <b>02886</b>
Secretary Name <b>ROSE MARIE J. MIGA</b> Street Address <b>SAME AS ABOVE</b> City <b>SAME</b> State <b>RI</b> Zip <b>02886</b>	Treasurer Name <b>CHARLES W. MIGA</b> Street Address <b>SAME AS ABOVE</b> City <b>SAME</b> State <b>RI</b> Zip <b>02886</b>

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

Director Name <b>CHARLES W. MIGA</b> Street Address <b>SAME AS ABOVE</b> City <b>Warwick</b> State <b>RI</b> Zip <b>02886</b>	Director Name <b>ROSE MARIE J. MIGA</b> Street Address <b>SAME AS ABOVE</b> City <b>SAME</b> State <b>RI</b> Zip <b>02886</b>
---	---

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,000 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 4 3 7 \*

File Date: 2-19-02  
Check No.: 11284  
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]  
Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_  
**CHARLES W. MIGA**  
Print or Type Name of Officer  
**President**  
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. 10437 2. Name of Corporation Shady Acres Inc.

3. Street Address Principal Business Office 1551 Centreville Road City Warwick State RI Zip 02886

4. Business Phone No. 401-821-3300 5. State of Incorporation RHODE ISLAND 6. SIC Code 9472

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

Nursing Home

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

President Name <u>CHARLES W. MIGA</u>	Vice President Name <u>ROSE MARE J. MIGA</u>
Street Address <u>57 Frey Avenue</u>	Street Address <u>Same</u>
City <u>Warwick</u> State <u>RI</u> Zip <u>02886</u>	City <u>Same</u> State <u>RI</u> Zip <u>02886</u>
Secretary Name <u>ROSE MARE J. MIGA</u>	Treasurer Name <u>CHARLES W. MIGA</u>
Street Address <u>Same as above</u>	Street Address <u>Same as above</u>
City <u>Warwick</u> State <u>RI</u> Zip <u>02886</u>	City <u>Same</u> State <u>RI</u> Zip <u>02886</u>

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

Director Name <u>CHARLES W. MIGA</u>	Director Name <u>ROSE MARIE J. MIGA</u>
Street Address <u>Same as above</u>	Street Address <u>Same as above</u>
City <u>Warwick</u> State <u>RI</u> Zip <u>02886</u>	City <u>Same</u> State <u>RI</u> Zip <u>02886</u>
Director Name <u> </u>	Director Name <u> </u>
Street Address <u> </u>	Street Address <u> </u>
City <u> </u> State <u> </u> Zip <u> </u>	City <u> </u> State <u> </u> Zip <u> </u>

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

Number of Shares	Class/Series	Par Value
<u>1,000</u>	<u>NO PAR VALUE</u>	<u> </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



\* 1 0 4 3 7 \*

File Date: 2/26  
Check No.: 10912  
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] 2/6/01  
Signature of Officer Date

CHARLES W. MIGA  
Print or Type Name of Officer  
President  
Title of Officer



**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. **10437** 2. Name of Corporation **Shady Acres, Inc.**  
3. Street Address Principal Business Office **1551 Centreville Road** City **Warwick** State **RI** Zip **02886**  
4. Business Phone No. **(401) 821-3300** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9472**  
7. Brief Description of the Character of Business Conducted in Rhode Island

**Nursing home**

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

President Name			Vice President Name		
<b>CHARLES W. MIGA</b>			<b>ROSE MARIE J. MIGA</b>		
Street Address			Street Address		
<b>57 Frey Avenue</b>			<b>Same</b>		
City	State	Zip	City	State	Zip
<b>Warwick</b>	<b>RI</b>	<b>02886</b>			
Secretary Name			Treasurer Name		
<b>ROSE MARIE J. MIGA</b>			<b>CHARLES W. MIGA</b>		
Street Address			Street Address		
<b>SAME</b>			<b>SAME</b>		
City	State	Zip	City	State	Zip

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

Director Name			Director Name		
<b>CHARLES W. MIGA</b>			<b>ROSE MARIE J. MIGA</b>		
Street Address			Street Address		
<b>same as above</b>			<b>same as above</b>		
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
<b>1000 SHS NO PAR VAL</b>		

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

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

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

File Date: 2/14/00  
Check No.: 10557  
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] 2/11/00  
Signature of Officer Date

**CHARLES W. MIGA**  
Print or Type Name of Officer

**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. **10437** 2. Name of Corporation **Shady Acres Inc.**  
3. Street Address Principal Business Office **1551 Centreville Road** City **Warwick** State **RI** Zip **02886**  
4. Business Phone No. **(401) 821-3300** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9472**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Nursing home**

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

President Name <b>Charles W. Miya</b>	Vice President Name <b>Rose Marie J. Miya</b>
Street Address <b>57 Frey Avenue</b>	Street Address <b>same</b>
City <b>Warwick</b> State <b>RI</b> Zip <b>02886</b>	City <b>Warwick</b> State <b>RI</b> Zip <b>02886</b>
Secretary Name <b>Rose Marie J. Miya</b>	Treasurer Name <b>Charles W. Miya</b>
Street Address <b>same</b>	Street Address <b>same</b>
City <b>Warwick</b> State <b>RI</b> Zip <b>02886</b>	City <b>Warwick</b> State <b>RI</b> Zip <b>02886</b>

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

Director Name <b>Charles W. Miya</b>	Director Name <b>Rose Marie J. Miya</b>
Street Address <b>same as above</b>	Street Address <b>same as above</b>
City <b>Warwick</b> State <b>RI</b> Zip <b>02886</b>	City <b>Warwick</b> State <b>RI</b> Zip <b>02886</b>

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
<b>1000 SHS NO PAR VAL</b>			

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

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

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



\* 1 0 4 3 7 \*

File Date: 10/23/99  
Check No.: 10193  
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: [Signature] Date: 2/5/99  
Print or Type Name of Officer: **CHARLES W. MIGA**  
Title of Officer: **President**

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **10437** 2. Name of Corporation **Shady Acres Inc.**  
3. Street Address Principal Business Office **1551 Centreville Road** City **Warwick** State **RI** Zip **02886**  
4. Business Phone No. **401-821-3300** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9472**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Nursing Home.**

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

President Name <b>Charles W. Miga</b> Street Address <b>57 Frey Avenue</b> City <b>Warwick</b> State <b>RI</b> Zip <b>02886</b>	Vice President Name <b>Rose Marie J. Miga</b> Street Address <b>same</b> City _____ State _____ Zip _____
Secretary Name <b>Rose Marie J. Miga</b> Street Address <b>same</b> City _____ State _____ Zip _____	Treasurer Name <b>Charles W. Miga</b> Street Address <b>same</b> City _____ State _____ Zip _____

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

Director Name <b>Charles W. Miga</b> Street Address <b>same as above</b> City _____ State _____ Zip _____	Director Name <b>Rose Marie J. Miga</b> Street Address <b>same as above</b> 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
	<b>1000 SHS</b>	<b>NO PAR</b>	<b>VAL</b>

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<b>100</b>	<b>common</b>	<b>no par value</b>

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



\* 1 0 4 3 7 \*

File Date: **2.12.98**  
Check No.: **9846**  
**WP**

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.

*Charles W. Miga* 2/10/98  
Signature of Officer Date

**Charles W. Miga**  
Print or Type Name of Officer

**President**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT 1997**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **10437** 2. Name of Corporation **Shady Acres Inc.**  
3. Street Address Principal Business Office **1551 Centreville Road** City **Warwick** State **RI** Zip **02886**  
4. Business Phone No. **401-821-3300** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9472**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Nursing home.**

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

President Name <b>Charles W. Miga</b>			Vice President Name <b>Rose Marie J. Miga</b>		
Street Address <b>57 Frey Avenue</b>			Street Address <b>same</b>		
City	State	Zip	City	State	Zip
<b>Warwick</b>	<b>RI</b>	<b>02886</b>			
Secretary Name <b>Rose Marie J. Miga</b>			Treasurer Name <b>Charles W. Miga</b>		
Street Address <b>same</b>			Street Address <b>same</b>		
City	State	Zip	City	State	Zip

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

Director Name <b>Charles W. Miga</b>			Director Name <b>Rose Marie J. Miga</b>		
Street Address <b>same as above</b>			Street Address <b>same as above</b>		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

**10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1000 SHS NO PAR VAL</b>			<b>100</b>	<b>common</b>	<b>no par value</b>

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



File Date: 2/20/97  
Check No.: 9409  
By: car/sec  
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: Charles W. Miga Date: 2/12/97  
Print or Type Name of Officer: **Charles W. Miga**  
Title of Officer: **President**

# PROFIT CORPORATION ANNUAL REPORT

## 1996



State of Rhode Island and Providence Plantations  
James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 10437		2. NAME OF CORPORATION Shady Acres Inc.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 1551 Centreville Road		CITY Warwick	STATE RI
4. BUSINESS PHONE NO. 401-821-3300		5. STATE OF INCORPORATION RHODE ISLAND	6. SIC CODE 9472
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Nursing home.			

### B. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME Charles W. Miga			VICE PRESIDENT NAME Rose Marie J. Miga		
STREET ADDRESS 57 Frey Avenue			STREET ADDRESS same		
CITY Warwick	STATE RI	ZIP CODE 02886	CITY	STATE	ZIP CODE
SECRETARY NAME Rose Marie J. Miga			TREASURER NAME Charles W. Miga		
STREET ADDRESS same			STREET ADDRESS same		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

### 9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME Charles W. Miga			DIRECTOR NAME Rose Marie J. Miga		
STREET ADDRESS same as above			STREET ADDRESS same as above		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

### 10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1000 SHS NO PAR VAL			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

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.

*Charles W. Miga*  
Signature of Officer

Charles W. Miga  
Print or Type Name of Officer

President  
Title of Officer

2/20/96  
Date

File Date:

2/20/96

Check No:

8945

By:

*cc/jp*

For Secretary of State Use Only

State of Rhode Island and Providence Plantations



Office of The Secretary of State  
 100 North Main Street  
 Providence, Rhode Island 02903-1335  
 401-277-3040

**ANNUAL REPORT**

Please Type or Print  
 File Annually - Jan. 1 - March 1  
 Filing Fee \$50.00  
 Make Checks Payable to: Secretary of State

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

Corporate ID: 0010437 Annual Report for the year: 1995

Name of Corporation: Shady Acres Inc.

Business entity organized under the laws of the State of: Rhode Island Business Entity is (check one):  
 Business Corporation (See RIGL Chapter 7-1.1)  
 Professional Service Corporation (See RIGL Chapter 7-5.1)

For foreign entity, address and telephone number of principal office:  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone: (401) 295-8520  
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):  
1551 Centreville Rd.  
Warwick, RI 02886  
 Phone: (401) 821-3300

Brief statement of the character of business conducted in Rhode Island:  
Nursing Home  
 \_\_\_\_\_  
 \_\_\_\_\_

**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Charles W. Miga</u>	<u>57 Frey Ave. ,</u>	<u>Warwick, RI</u>	
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Rose Marie J. Miga</u>	<u>same as above</u>		
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Rose Marie J. Miga</u>	<u>same as above</u>		
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Charles W. Miga</u>	<u>same as above</u>		

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Charles W. Miga</u>	<u>57 Frey Ave.,</u>	<u>Warwick, RI</u>	
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Rose Marie J. Miga</u>	<u>same</u>		
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)			NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)		
Number of Shares	Class / Series		Number of Shares	Class / Series	
<u>1000</u>	<u>common</u>	<u>no par</u>	<u>100</u>	<u>common</u>	<u>no par</u>

Date Feb 6 1995 By: Charles W. Miga  
 \_\_\_\_\_  
 PRINT OR TYPE NAME OF OFFICER SIGNING President  
 \_\_\_\_\_  
 TITLE OF OFFICER SIGNING

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

G. JOHN GAZERRO, JR.  
 1551 CENTREVILLE ROAD  
 WARWICK RI 02886

**FILED**

FEB 10 1995  
 By Don 8508

Filing Fee \$50.00  
Payable to:  
Secretary of State

PLEASE TYPE or PRINT  
State of Rhode Island and Providence Plantations  
Office of The Secretary of State  
100 North Main Street  
Providence, Rhode Island 02903-1335  
401-277-3040

File Annually  
LLC Sept. 1 - Nov. 1  
CORP Jan. 1 - March 1

Corporate ID 0010437 Annual Report for the year: 1994

Name of Business Entity: Shady Acres Inc.

Business entity organized under the laws of the State of: Rhode Island

Federal Taxpayer Identification Number [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone: ( 401 ) 295-8520

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

1551 Centreville Rd.

Warwick, RI 02886

Phone ( 401 ) 821-3300

Business Entity is (check one)

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed.

G. John Gazerro, Jr. Agent

1551 Centreville Rd.

Warwick, RI 02886

821-3300

Brief statement of the character of business conducted in Rhode Island:

Nursing Home

Date of Organization: 1-1-80

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (See 4.06)	<u>Charles W. Miga</u>	<u>57 Frey Avenue, Warwick, RI</u>	
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (See 4.06)	<u>Rose Marie J. Miga</u>	<u>same</u>	
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (See 4.06)	<u>Rose Marie J. Miga</u>	<u>same</u>	
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (See 4.06)	<u>Charles W. Miga</u>	<u>same</u>	

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Charles W. Miga</u>	<u>57 Frey Ave.</u>	<u>Warwick, RI</u>	
<u>Rose Marie J. Miga</u>	<u>same</u>		

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	<u>1000</u>	NUMBER	<u>100</u>
CLASS	<u>common</u>	CLASS	<u>common</u>
SERIES		SERIES	
PAR VALUE OR WITHOUT PAR	<u>no par</u>	PAR VALUE OR WITHOUT PAR	<u>no par</u>

**FILED**  
**FEB 24 1994**  
By 80737B

Date \_\_\_\_\_ 19\_\_\_\_ By Charles W. Miga *cm*

Charles W. Miga  
PRINT OR TYPE NAME OF OFFICER SIGNING  
President  
TITLE OF OFFICER SIGNING

Form 91 1-94  
DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form 1.1.C.3 must be filed

G. JOHN GAZERRO, JR.  
1551 CENTREVILLE ROAD  
WARWICK RI 02886

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....10437..... Annual Report for the year.....1993.....

FIRST: The name of the corporation is.....Shady Acres, Inc.....

SECOND: It is incorporated under the laws of.....Rhode Island.....

THIRD: Character of business, briefly stated, is.....nursing home.....

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island.....Gardner Rd., exeter, RI 02892.....

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Charles W. Miga.....	Director	57 Frey Avenue, Warwick, RI
Rose Marie J. Miga.....	Director	same
.....	Director	.....
Charles W. Miga.....	President	same
Rose Marie J. Miga.....	Vice President	same
Rose Marie J. Miga.....	Secretary	same
Charles W. Miga.....	Treasurer	same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	common		no par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	common		no par

cc-7569  
Rec'd & Filed FEB 11 1993

Dated.....19..... Shady Acres, Inc.

(Name of Corporation)

By.....*Charles W. Miga*.....

Title.....President.....

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

VF 7016

Corporate ID 104327 Annual Report for the year 1992

FIRST: The name of the corporation is Shady Acres, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is nursing home

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island Gardner Road, Exeter, RI 02892

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Charles W. Miga	Director	57 Frey Street, Warwick, RI
Rose Marie J. Miga	Director	same
	Director	
Charles W. Miga	President	same
Rose Marie J. Miga	Vice President	same
Rose Marie J. Miga	Secretary	same
Charles W. Miga	Treasurer	same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	common		no par

PAID

FEB 13 1992

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	common		no par

SECY OF STATE

Dated 2-6 19 92

Shady Acres, Inc.  
(Name of Corporation)

By Charles W. Miga

Title President

(Report must be signed by an officer)

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 10437 Annual Report for the year 1991

FIRST: The name of the corporation is Shady Acres, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is nursing home

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island Gardner Road, Exeter, RI 02892

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Charles W. Miga	Director	57 Frey Street, Warwick, RI
Rose Marie J. Miga	Director	same
	Director	
Charles W. Miga	President	same
Rose Marie J. Miga	Vice President	same
Rose Marie J. Miga	Secretary	same
Charles W. Miga	Treasurer	same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	common		no par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	common		no par

PAID  
FEB 6 1991  
STATE

Dated February 4 19 91

Shady Acres, Inc.  
(Name of Corporation)

By Charles W. Miga

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

*C2*

Corporate ID 10437 Annual Report for the year 1990

FIRST: The name of the corporation is Shady Acres, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is a nursing home

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island Gardner Road, Exeter, RI 02892

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Charles W. Miga	Director	57 Frey Street, Warwick, RI
Rose Marie J. Miga	Director	same
	Director	
Charles W. Miga	President	same
Rose Marie J. Miga	Vice President	same
Rose Marie J. Miga	Secretary	same
Charles W. Miga	Treasurer	same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	common		no par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	common		no par

**PAID**  
JAN 25 1990  
OFFICE OF STATE

Dated January 24 19 90

Shady Acres, Inc.  
(Name of Corporation)

By Charles W. Miga

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 10437 Annual Report for the year 1989

FIRST: The name of the corporation is Shady Acres, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is a nursing home

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island Gardner Road, Exeter, RI 02892

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Charles W. Miga	Director	57 Frey Street, Warwick, RI
Rose Marie J. Miga	Director	same
	Director	
Charles W. Miga	President	same
Rose Marie J. Miga	Vice President	same
Rose Marie J. Miga	Secretary	same
Charles W. Miga	Treasurer	same

SEVENTH: Number of Shares authorized:

No. of Shares	Class
1000	common

PAID  
20 09 1989  
no par

EIGHTH: Number of Shares issued:

No. of Shares	Class
100	common

SECY. OF STATE  
*[Signature]*  
no par

Dated February 7 19 89

Shady Acres, Inc.  
(Name of Corporation)

By Charles W. Miga

Title Pres.

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

10.14

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 10437 Annual Report for the year 1988

FIRST: The name of the corporation is Shady Acres Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is a nursing home

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island Gardner Road, Exeter, RI 02892

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Charles W. Miga	Director	57 Frey Street, Warwick, RI
Rose Marie J. Miga	Director	same
	Director	
Charles W. Miga	President	same
Rose Marie J. Miga	Vice President	same
Rose Marie J. Miga	Secretary	same
Charles W. Miga	Treasurer	same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common	PAID	No Par Value

FEB 08 1988

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		No Par Value

SECY. OF STATE

Dated February 4 19 1988

Shady Acres, Inc.

(Name of Corporation)

By Charles W. Miga, Pres

Title President

(Report must be signed by an officer)

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 10437 Annual Report for the year 1987

FIRST: The name of the corporation is Shady Acres Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is .....

FOURTH: If foreign corporation, address of its principal office... a nursing home

FIFTH: Business address in Rhode Island  
Gardner Road, Exeter, Rhode Island 02892

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Charles W. Miga	Director	57 Frey Street, Warwick, RI
Rose Marie J. Miga	Director	same
	Director	
Charles W. Miga	President	same
Rose Marie J. Miga	Vice President	same
Rose Marie J. Miga	Secretary	same
Charles W. Miga	Treasurer	same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	common		no par value

**PAID**

*Dme*

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	common		no par value

FEB 13 1987

MAR 18 1987

SEC'Y. OF STATE

Dated February 6, 19 87

Shady Acres, Inc.  
(Name of Corporation)

By Charles W Miga

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....10437..... Annual Report for the year ..1986.....

FIRST: The name of the corporation is.....Shady Acres Inc.....

SECOND: It is incorporated under the laws of.....Rhode Island.....

THIRD: Character of business, briefly stated, is.....a nursing home.....

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island.....Gardner Road, Exeter, Rhode Island 02892.....

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Charles W. Miga	Director	57 Frey Street, Warwick, RI
Rose Marie J. Miga	Director	same
	Director	
Charles W. Miga	President	same
Rose Marie J. Miga	Vice President	same
Rose Marie J. Miga	Secretary	same
Chalres W. Miga	Treasurer	same

SEVENTH: Number of Shares authorized:

No. of Shares	Class
1000	common

Par Value  
or statement that  
shares are without  
par value

No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series
100	common	

Par Value  
or statement that  
shares are without  
par value

No Par Value

Dated.....19 85..... Shady Acres Inc.  
(Name of Corporation)

By.....Charles W. Miga.....

Title.....President.....

(Report must be signed by an officer)

MAR 15 1986  
WR

AMRE 15.00  
CHEK 15.00  
1276A901

Filing fee: \$15.00

To be filed annually between  
January 1st and March 1st

**State of Rhode Island and Providence Plantations**  
**OFFICE OF THE SECRETARY OF STATE**

CORPORATE ID 10437 Annual Report for the year 1985

FIRST: The name of the corporation is Shady Acres, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is a nursing home

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

Gardner Road, Exeter, Rhode Island 02892

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Charles W. Miga	Director	57 Frey Street, Warwick, RI
Rose Marie J. Miga	Director	same
	Director	
Charles W. Miga	President	same
Rose Marie J. Miga	Vice President	same
Rose Marie J. Miga	Secretary	same
Charles W. Miga	Treasurer	same

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	common	-	No par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	common	-	No par value

Dated: *Jan 28* 19 85

Shady Acres Inc.  
(Name of Corporation)

By *Charles W Miga*

Title *President*

(Report must be signed by an officer)

03/05/85 PAID 15.00  
017/011

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

To be filed annually between  
January 1st and March 1st

**State of Rhode Island and Providence Plantations**  
**OFFICE OF THE SECRETARY OF STATE**

Annual Report for the year 1984

FIRST: The name of the corporation is Shady Acres Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is a nursing home.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) Gardner Road, Exeter, Rhode Island 02892

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Charles W. Miga	Director	57 Frey Street, Warwick, RI
Rose Marie J. Miga	Director	same
	Director	
Charles W. Miga	President	same
Rose Marie J. Miga	Vice President	same
Rose Marie J. Miga	Secretary	same
Charles W. Miga	Treasurer	same

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	common	-	No par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	common	-	No Par Value

Dated: 1984

Shady Acres Inc.  
(Name of Corporation)

By *Charles W. Miga*

Title President

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

To be filed annually between  
January 1st and March 1st

**State of Rhode Island and Providence Plantations**  
**OFFICE OF THE SECRETARY OF STATE**

Annual Report for the year 1983

FIRST: The name of the corporation is Shady Acres Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is a nursing home

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) Gardner Road, Exeter, Rhode Island 02892

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Charles W. Miga	Director	57 Frey Street, Warwick, RI
Rose Marie J. Miga	Director	57 Frey Street, Warwick, RI
	Director	
Charles W. Miga	President	57 Frey Street, Warwick, RI
Rose Marie J. Miga	Vice President	same
Rose Marie J. Miga	Secretary	same
Charles W. Miga	Treasurer	same

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	common	-	No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	common	-	No Par Value

Dated: February 25 19 83 Shady Acres Inc.

(Name of Corporation)

*Charles W. Miga*

PRESIDENT

(Report must be signed by an officer)

MAR 25 1983  
LB

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248  
687A  
14  
5  
1008

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

To be filed annually between  
January 1st and March 1st

**State of Rhode Island and Providence Plantations**  
**OFFICE OF THE SECRETARY OF STATE**

Annual Report for the year 1982

FIRST: The name of the corporation is Shady Acres Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is a nursing home

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) Gardner Road, Exeter, Rhode Island 02892

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Charles W. Miga	Director	57 Frey Street, Warwick, RI
Rose Marie J. Miga	Director	57 Frey Street, Warwick, RI
	Director	
Charles W. Miga	President	57 Frey Street, Warwick, RI
Rose Marie J. Miga	Vice President	57 Frey Street, Warwick, RI
Rose Marie J. Miga	Secretary	57 Frey Street, Warwick, RI
Charles W. Miga	Treasurer	57 Frey Street, Warwick, RI

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	common	-	No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	common	-	No Par Value

Dated: July 31, 1982

JUL 27 1982

Shady Acres, Inc.

(Name of Corporation)

By Charles W. Miga

Title President

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

To be filed annually  
between January 1st and March 1st

**State of Rhode Island and Providence Plantations**

**OFFICE OF THE SECRETARY OF STATE**

**ANNUAL REPORT**

**OF**

Shady Acres Inc.

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is Shady Acres Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is Gardner Road, Exeter, Rhode Island 02892

and the name of its registered agent in Rhode Island at such address is Charles W. Miga

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is .....

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is nursing home

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
Charles W. Miga	Director	57 Frey Street, Warwick, RI
Rose Marie J. Miga	Director	57 Frey Street, Warwick, RI
	Director	
	Director	
	Director	
Charles W. Miga	President	57 Frey Street, Warwick, RI
Rose Marie J. Miga	Vice President	57 Frey Street, Warwick, RI
Rose Marie J. Miga	Secretary	57 Frey Street, Warwick, RI
Charles W. Miga	Treasurer	57 Frey Street, Warwick, RI

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
1000	common	-	No par value

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EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
100	Common		without par value

Dated *February 27* 19*81*.

Shady Acres, Inc.  
(NAME OF CORPORATION)  
*Charles W. Miga*  
By Charles W. Miga  
Its Pres.