



**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 1333
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 117941
2 Name of Corporation Autumn Villa, Inc.
3 Street Address Principal Business Office 3579 DIAMOND HILL ROAD
City CUMBERLAND State RI Zip 02864-
4 Business Phone No 4013235050 5. State of Incorporation RHODE ISLAND 6 SIC Code 9472
7 Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE ASSISTED LIVING AND HOUSING TO THE GENERAL PUBLIC

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

<p><i>President Name</i> Marcia (Matthews) Durocher <i>Street Address</i> 42 Circuit Avenue <i>City</i> Wareham <i>State</i> MA <i>Zip</i> 02571 <i>Secretary Name</i> Marcia Matthews <i>Street Address</i> 42 Circuit Avenue <i>City</i> Wareham <i>State</i> RI <i>Zip</i> 02571</p>	<p><i>Vice President Name</i> Michelle Pianka <i>Street Address</i> 57 Mountaindale Road <i>City</i> Smithfield <i>State</i> RI <i>Zip</i> 02917 <i>Treasurer Name</i> Michelle Pianka <i>Street Address</i> 57 Mountaindale Road <i>City</i> Smithfield <i>State</i> RI <i>Zip</i> 02917</p>
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9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

<p><i>Director Name</i> N/A <i>Street Address</i> <i>City</i> <i>State</i> <i>Zip</i></p>	<p><i>Director Name</i> N/A <i>Street Address</i> <i>City</i> <i>State</i> <i>Zip</i></p>
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10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
1,000	NO PAR VALUE	

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

ISSUED SHARES	Class/Series	Par Value
200	No par value	

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



117941 DBC 01/13/05 11:12:40 AM
File Date 1/19/05
Check No 600
By: DA
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 Marcia Durocher Date 1/15/05
Print or Type Name of Officer Marcia Durocher
Title of Officer President



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. 117941		2. Name of Corporation Autumn Villa, Inc.			
3. Street Address Principal Business Office 3579 Diamond Hill Road			City Cumberland	State RI	Zip 02864
4. Business Phone No. 401-333-5050		5. State of Incorporation RHODE ISLAND			6. SIC Code 9472
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE ASSISTED LIVING AND HOUSING TO THE GENERAL PUBLIC					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Marcia Matthews			Vice President Name Michelle Pianka		
Street Address 42 Circuit Ave			Street Address 57 Mountandale Rd		
City Warrenham	State MA	Zip 02571	City Smithfield	State RI	Zip 00917
Secretary Name Marcia Matthews			Treasurer Name Michelle Pianka		
Street Address 42 Circuit Ave			Street Address 57 Mountandale Rd		
City Warrenham	State MA	Zip 02571	City Smithfield	State RI	Zip 00917
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 None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
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	NO PAR VALUE		200		NPV

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



* 1 1 7 9 4 1 *

File Date 1-12-04
Check No. 1637
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] 1/7/04
Signature of Officer Date
Marcia L. Matthews
Print or Type Name of Officer
President
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

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. *117941*		2. Name of Corporation Autumn Villa, Inc.			
3. Street Address Principal Business Office 3579 DIAMOND HILL ROAD			City CUMBERLAND	State RI	Zip 02864-
4. Business Phone No. 4017257045		5. State of Incorporation RHODE ISLAND		6. SIC Code 9472	
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE ASSISTED LIVING AND HOUSING TO THE GENERAL PUBLIC					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MARCIA MATTHEWS			Vice President Name MICHELLE PIANKA		
Street Address 42 CIRCUIT AVENUE			Street Address 47 MOUNTAINDALE ROAD		
City WAREHAM	State MA	Zip 02571	City SMITHFIELD	State RI	Zip 02917
Secretary Name MARCIA MATTHEWS			Treasurer Name MICHELLE PIANKA		
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			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
1,000	NO PAR VALUE		200		NPV

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



* 1 1 7 9 4 1 *

**117941* 8/5/03 12:16:17 PM*

File Date 9-10-03

Check No. 1474

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] 9-5-03
Signature of Officer Date

Marcia Matthews
Print or Type Name of Officer

President
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 117941 2. Name of Corporation AUTUMN VILLA INC.
3. Street Address Principal Business Office 3579 DIAMOND HILL RD City Cumberland State RI Zip 02864
4. Business Phone No. 401 725-7045 5. State of Incorporation RI 6. SIC Code 9472
7. Brief Description of the Character of Business Conducted in Rhode Island
ASSISTED LIVING FACILITY

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

President Name <u>MARCIA MATTHEWS</u>	Vice President Name <u>Michelle Pianka</u>
Street Address <u>42 CIRCUIT AVE</u>	Street Address <u>228 PRAY HILL RD</u>
City <u>Wareham</u> State <u>MA</u> Zip <u>02571</u>	City <u>Gloster</u> State <u>RI</u> Zip <u>02814</u>
Secretary Name <u>MARCIA MATTHEWS</u>	Treasurer Name <u>Michelle Pianka</u>
Street Address <u>SAME</u>	Street Address <u>SAME</u>
City <u></u> State <u></u> Zip <u></u>	City <u></u> State <u></u> Zip <u></u>

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

Director Name <u>NONE</u>	Director Name
Street Address	Street Address
City <u></u> State <u></u> Zip <u></u>	City <u></u> State <u></u> Zip <u></u>
Director Name	Director Name
Street Address	Street Address
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) AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<u>1000</u>	<u>NO PAR VALUE</u>	<u>NONE</u>

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

Number of Shares	Class/Series	Par Value
<u>NONE</u>	<u>NONE</u>	<u>NONE</u>

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

File Date: 3.28.02
Check No.: 2069
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: 3/28/02
Print or Type Name of Officer: Michelle Pianka
Title of Officer: Vpres/Preas.