



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River Street, Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

1. ID No. 117017		2. Exact name of the limited liability company Diagnostic Evaluation Institute, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island SUBSTANCE ABUSE TREATMENT CLINIC	
5. Principal office address 580 TEN ROD ROAD		City NORTH KINGSTOWN	State RI
		Zip 02852-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name John P. Femino		Contact Title Manager	
Street Address 580 TEN ROD ROAD		City NORTH KINGSTOWN	State RI
		Zip 02852-	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Frank A. Fornari		Manager Name Gwen Bauer	
Street Address 211 Circuit Drive		Street Address 211 Circuit Drive	
City North Kingstown	State RI	City North Kingstown	State RI
Zip 02852		Zip 02852	
Manager Name David Siwicki		Manager Name John P. Femino	
Street Address 211 Circuit Drive		Street Address 580 Ten Rod Road	
City North Kingstown	State RI	City North Kingstown	State RI
Zip 02852		Zip 02852	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name MARK A. MCSALLY, ESQ.		Address 146 WESTMINSTER STREET, SUITE 500	
Address		City PROVIDENCE	Zip 02903-

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).



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117017 DLLC 10/25/06 08:28:37 AM

File Date **FILED**

Check No. **JAN 12 2007**

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] 1/12/07
Signature of Authorized Person Date

John P. Femino
Print or Type Name of Authorized Person

2007 JAN 12 PM 11:25
SECRETARY OF STATE
CORPORATIONS DIVISION

Diagnostic Evaluation Institute, LLC
ID No. 117017
2005 Annual Report

Additional Manager

Mary Hauser
580 Ten Rod Road
North Kingstown, RI 02852

2007 JAN 12 PM 1:17

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SECRETARY OF STATE
CORPORATIONS DIV

2007 JAN -4 AM 11:26

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CORPORATIONS DIV



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 117017		2. Exact name of the limited liability company Diagnostic Evaluation Institute, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Substance abuse treatment clinic			
5. Principal office address 580 Ten Rod Road		City North Kingstown	State RI	Zip 02852	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Mary Hauser			Contact Title Manager		
Street Address 580 Ten Rod Road		City North Kingstown	State RI	Zip 02852	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52					
Manager Name Frank A. Fornari		Manager Name Gwen Bauer			
Street Address 211 Circuit Drive		Street Address 211 Circuit Drive			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Manager Name David Siwicki		Manager Name Mary Hauser			
Street Address 211 Circuit Drive		Street Address 580 Ten Rod Road			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name Mark A. McSally			Address		
Address 146 Westminster Street, Suite 500		City Providence		Zip 02903	

JUL 18 11:11:36
 STATE

FILED

JUL 18 2005

By AMF

72005

This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 1 7 0 1 7

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.

Mary Hauser 5/4/05
Signature of Authorized Person Date

Mary Hauser

Print or type Name of Authorized Person

File Date 6/1/05
 Check No. _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

Diagnostic Evaluation Institute, LLC
ID No. 117017
2004 Annual Report

Additional Manager

John P. Femino
580 Ten Rod Road
North Kingstown, RI 02852

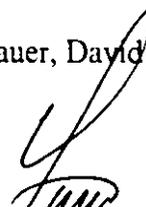
05 JUL 18 AM 11:37
STATE OF RHODE ISLAND
OFFICE OF THE ATTORNEY GENERAL
DIVISION OF CORPORATE AFFAIRS

ANNUAL MEMBERS MEETING

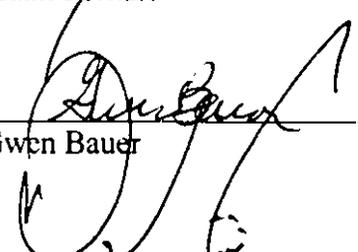
The undersigned, being all of the Members of Diagnostic Evaluation Institute, L.I.C consent to the following:

An annual report shall be filed by Mary Hauser, representing all five members of the limited liability company as follows:

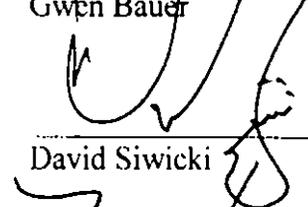
1. The name of the LLC is Diagnostic Evaluation Institute, LLC.
2. The principal address and mailing address is 580 Ten Rod Road, North Kingstown, RI 02852.
3. The resident agent is Mark A. McSally at 146 Westminster Street, Suite 500, Providence, RI 02903.
4. The Managers are Frank A. Fornari, Gwen Bauer, David Siwicki, Mary Hauser, and John P. Femino.



Frank Fornari



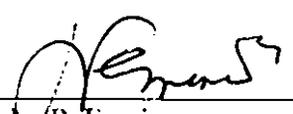
Gwen Bauer



David Siwicki



Mary Hauser



John P. Femino

Dated as of December , 2004



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 117017		2. Exact name of the limited liability company Diagnostic Evaluation Institute, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island SUBSTANCE ABUSE TREATMENT CLINIC			
5. Principal office address 211 CIRCUIT DRIVE		City NORTH KINGSTOWN	State RI	Zip 02852-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name FRANK A FORNARI			Contact Title		
Street Address 211 CIRCUIT DRIVE		City NORTH KINGSTOWN	State RI	Zip 02852-	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS (X) BOX FOR ATTACHMENT <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. RI REG 7-16-12(a)(2) 7-16-52					
Manager Name Frank A. Fornari		Manager Name			
Street Address 211 Circuit Drive		Street Address 580 Ten Rod Road			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - RI REG 7-16-11					
Agent Name MARK A. MCSALLY, ESQ.		Address 146 WESTMINSTER STREET, SUITE 500			
Address		City PROVIDENCE		Zip 02903-	

This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 1 7 0 1 7

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 Authorized Person

Date

Frank A. Fornari

Print or Type Name of Authorized Person

117017 D.L.L.C. 09/09/03 09:00:50 AM

RECEIVED

File Date

Check No. MAR 14 2004

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

ANNUAL MEMBERS MEETING

The undersigned, being all of the Members of Diagnostic Evaluation Institute, LLC consent to the following:

An annual report shall be filed by Frank A. Fornari, representing members of the limited liability company as follows:

1. The name of the LLC is Diagnostic Evaluation Institute, LLC..
2. The principal address and mailing address is 580 Ten Rod Road, North Kingstown, RI 02852.
3. The registered agent is Mark A. McSally at 146 Westminster Street, Suite 500, Providence, Rhode Island 02903.



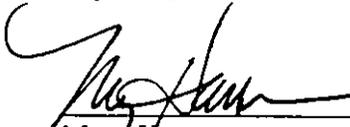
Frank A. Fornari



Gwen Bauer



David Siwicki



Mary Hauser



John P. Femino

Dated as of September 9, 2003



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. *117017*		2. Exact name of the limited liability company Diagnostic Evaluation Institute, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island SUBSTANCE ABUSE TREATMENT CLINIC	
5. Principal office address 211 Circuit Drive		City North Kingstown	State RI
		Zip 02852	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Frank A. Fornari		Contact Title	
Street Address 211 Circuit Drive		City North Kingstown	State RI
		Zip 02852	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS (PX BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.C.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Frank A. Fornari		Manager Name	
Street Address 211 Circuit Drive		Street Address	
City North Kingstown	State RI	City	State
	Zip 02852		Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7:16-11			
Agent Name MARK A. MCSALLY, ESQ.		Address 146 WESTMINSTER STREET, SUITE 500	
Address		City PROVIDENCE	Zip 02903-

This report must be signed in ink by an authorized person pursuant to 7-16-66.



* 1 1 7 0 1 7 *

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File Date: 3-16-03

Check No: 1095

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] 10/4/02
Signature of Authorized Person Date
Frank A. Fornari
Print or Type Name of Authorized Person