



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. 58647		2. Name of Corporation Heritage Healthcare Services, Inc.			
3. Street Address Principal Business Office 1009 RESERVOIR AVENUE			City CRANSTON	State RI	Zip 02910
4. Business Phone No 401-943-2584		5. State of Incorporation RHODE ISLAND		6. SIC Code 8888	
7. Brief Description of the Character of Business Conducted in Rhode Island HOUSEKEEPING SERVICES TO FACILITIES DISPENSING MEDICAL CARE AND OTHER SERVICES RELATED THERETO					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name GERARD HAINSE			Vice President Name BRIAN T. HAINSE		
Street Address C/O 1009 RESERVOIR AVENUE			Street Address C/O 1009 RESERVOIR AVENUE		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
Secretary Name BRIAN T. HAINSE			Treasurer Name GERARD HAINSE		
Street Address C/O 1009 RESERVOIR AVENUE			Street Address C/O 1009 RESERVOIR AVENUE		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name GERARD HAINSE			Director Name BRIAN T. HAINSE		
Street Address C/O 1009 RESERVOIR AVENUE			Street Address C/O 1009 RESERVOIR AVENUE		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
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 COMM NO PAR VALUE			100	COMMON	NO PAR

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



58647

File Date **FILED**
Check No. **MAR 01 2005 16629**
By: **lb -**
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.

Gerard Hainse Pres 1/20/05
Signature of Officer Date

GERARD HAINSE

Print or Type Name of Officer

PRESIDENT

Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 58647		2. Name of Corporation Heritage Healthcare Services, Inc.			
3. Street Address Principal Business Office 1009 RESERVOIR AVENUE			City CRANSTON	State RI	Zip 02910
4. Business Phone No. 401-943-2584		5. State of Incorporation RHODE ISLAND			6. SIC Code 8888
7. Brief Description of the Character of Business Conducted in Rhode Island HOUSEKEEPING SERVICES TO FACILITIES DISPENSING MEDICAL CARE AND OTHER SERVICES RELATED THERETO					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name GERARD HAINSE			Vice President Name BRIAN T. HAINSE		
Street Address C/O 1009 RESERVOIR AVENUE			Street Address C/O 1009 RESERVOIR AVENUE		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
Secretary Name BRIAN T. HAINSE			Treasurer Name GERARD HAINSE		
Street Address C/O 1009 RESERVOIR AVENUE			Street Address C/O 1009 RESERVOIR AVENUE		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name GERARD HAINSE			Director Name BRIAN T. HAINSE		
Street Address C/O 1009 RESERVOIR AVENUE			Street Address C/O 1009 RESERVOIR AVENUE		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
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 COMM NO PAR VALUE			100	COMMON	NO PAR

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



* 5 8 6 4 7 *

File Date 3.2.04
Check No. 18492
By: 110
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.

Gerard Hainse 2/6/04
Signature of Officer Date

GERARD HAINSE
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. **58647** 2. Name of Corporation **Heritage Healthcare Services, Inc.**
3. Street Address Principal Business Office **25 WESTERN INDUSTRIAL DRIVE** City **CRANSTON** State **RI** Zip **02921**
4. Business Phone No. **943-2584** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8888**
7. Brief Description of the Character of Business Conducted in Rhode Island **HOUSEKEEPING SERVICES TO FACILITIES DISPENSING MEDICAL CARE AND OTHER SERVICES RELATED THERETO**

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

President Name GERARD HAINSE	Vice President Name BRIAN T. HAINSE
Street Address TEN FOREST HILLS DRIVE	Street Address SEVEN OLDMISHNOCK HIGHWAY
City EXETER State RI Zip 02822	City COVENTRY State RI Zip 02816
Secretary Name BRIAN T. HAINSE	Treasurer Name GERARD HAINSE
Street Address SEVEN OLD MISHNOCK HIGHWAY	Street Address TEN FOREST HILLS DRIVE
City COVENTRY State RI Zip 02816	City EXETER State RI Zip 02822

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

Director Name GERARD HAINSE	Director Name BRIAN T. HAINSE
Street Address TEN FOREST HILLS DRIVE	Street Address SEVEN OLD MISHNOCK HIGHWAY
City EXETER State RI Zip 02822	City COVENTRY State RI Zip 02816
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
1,000	COMM	NO PAR VALUE

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

Number of Shares	Class/Series	Par Value
100	COMMON	NO PAR

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



* 5 8 6 4 7 *

File Date: 2/5/03
Check No.: 14190
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] 1/23/03
Signature of Officer Date
GERARD HAINSE
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. **58647** 2. Name of Corporation **Heritage Healthcare Services, Inc.**
3. Street Address Principal Business Office **25 WESTERN INDUSTRIAL DRIVE** City **CRANSTON** State **RI** Zip **02921**
4. Business Phone No. **943-2584** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7476**
7. Brief Description of the Character of Business Conducted in Rhode Island **HOUSEKEEPING SERVICES TO FACILITIES DISPENSING MEDICAL CARE AND OTHER SERVICES RELATED THERETO.**

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

President Name GERARD HAINSE	Vice President Name BRIAN T. HAINSE
Street Address TEN FOREST HILLS DRIVE	Street Address SEVEN OLDMISHNOCK HIGHWAY
City State Zip EXETER RI 02822	City State Zip COVENTRY RI 02816
Secretary Name BRIAN T. HAINSE	Treasurer Name GERARD HAINSE
Street Address SEVEN OLD MISHNOCK HIGHWAY	Street Address TEN FOREST HILLS DRIVE
City State Zip COVENTRY RI 02816	City State Zip EXETER RI 02822

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

Director Name GERARD HAINSE	Director Name BRIAN T. HAINSE
Street Address TEN FOREST HILLS DRIVE	Street Address SEVEN OLD MISHNOCK HIGHWAY
City State Zip EXETER RI 02822	City State Zip COVENTRY RI 02816

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	1,000	COMM NO PAR VALUE	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100	COMMON	NO PAR

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



* 5 8 6 4 7 *

File Date: 2-20-02
Check No.: 13119
By: KMC

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: 2/03/02
GERARD HAINSE
Print or Type Name of Officer
PRESIDENT

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. **58647** 2. Name of Corporation **Heritage Healthcare Services, Inc.**

3. Street Address Principal Business Office **25 WESTERN INDUSTRIAL DRIVE** City **CRANSTON** State **RI** Zip **02921**
4. Business Phone No. **943-2584** 5. State of Incorporation **RHODE ISLAND** 6. SIC **7498**

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

HOUSEKEEPING SERVICES TO FACILITIES DISPENSING MEDICAL CARE AND OTHER SERVICES RELATED THERETO.

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

President Name GERARD HAINSE	Vice President Name BRIAN T. HAINSE
Street Address TEN FOREST HILLS DRIVE	Street Address SEVEN OLDMISHNOCK HIGHWAY
City State Zip EXETER RI 02822	City State Zip COVENTRY RI 02816

Secretary Name BRIAN T. HAINSE	Treasurer Name GERARD HAINSE
Street Address SEVEN OLD MISHNOCK HIGHWAY	Street Address TEN FOREST HILLS DRIVE
City State Zip COVENTRY RI 02816	City State Zip EXETER RI 02822

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

Director Name GERARD HAINSE	Director Name BRIAN T. HAINSE
Street Address TEN FOREST HILLS DRIVE	Street Address SEVEN OLD MISHNOCK HIGHWAY
City State Zip EXETER RI 02822	City State Zip COVENTRY RI 02816

Street Address	Street Address
City State Zip	City State Zip

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

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

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

ISSUED SHARES	Class/Series	Par Value
100	COMMON	NO PAR

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



* 5 8 6 4 7 *

File Date: 2/21/01

Check No.: 12090

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] 2/15/01
Signature of Officer Date

GERARD HAINSE

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. **58647** 2. Name of Corporation **Heritage Healthcare Services, Inc.**
3. Street Address Principal Business Office **25 Western Industrial Drive** City **Cranston** State **RI** Zip **02921**
4. Business Phone No. **943-2584** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7476**

7. Brief Description of the Character of Business Conducted in Rhode Island
Housekeeping services to facilities dispensing medical care and other services related thereto.

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

President Name Gerard Hainse	Vice President Name Brian T. Hainse
Street Address Ten Forest Hills Drive	Street Address Seven Old Mishnock Highway
City State Zip Exeter RI 02822	City State Zip Coventry RI 02816
Secretary Name Brian T. Hainse	Treasurer Name Gerard Hainse
Street Address Seven Old Mishnock Highway	Street Address Ten Forest Hills Drive
City State Zip Coventry RI 02816	City State Zip Exeter RI 02822

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

Director Name Gerard Hainse	Director Name Brian T. Hainse
Street Address Ten Forest Hills Drive	Street Address Seven Old Mishnock Highway
City State Zip Exeter RI 02822	City State Zip Coventry RI 02816
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
1,000 SHS NO PAR COM		

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

ISSUED SHARES	Class/Series	Par Value
100	common	no par

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



* 5 8 6 4 7 *

File Date: 2-29-00

Check No.: 10897

By: AMF

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.

Gerard Hainse 2/29/00
Signature of Officer Date

Gerard Hainse
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. 58647		2. Name of Corporation Heritage Healthcare Services, Inc.	
3. Street Address Principal Business Office 25 Western Industrial Drive		City Cranston	State RI
4. Business Phone No. 943-2584		5. State of Incorporation RHODE ISLAND	
6. SIC Code 7478		7. Brief Description of the Character of Business Conducted in Rhode Island Housekeeping services to facilities dispensing medical care and other services related thereto.	
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Gerard Hainse		Vice President Name Brian T. Hainse	
Street Address Ten Forest Hills Drive		Street Address Seven Old Mishnock Highway	
City Exeter	State RI	City Coventry	State RI
Zip 02822		Zip 02816	
Secretary Name Brian T. Hainse		Treasurer Name Gerard Hainse	
Street Address Seven Old Mishnock Highway		Street Address Ten Forest Hills Drive	
City Coventry	State RI	City Exeter	State RI
Zip 02816		Zip 02822	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Gerard Hainse		Director Name Brian T. Hainse	
Street Address Ten Forest Hills Drive		Street Address Seven Old Mishnock Highway	
City Exeter	State RI	City Coventry	State RI
Zip 02822		Zip 02816	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
1,000 SHS NO PAR COM		100	common
Par Value		Par Value	
		no par	

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



File Date: May 3, 1999
Check No.: 9676
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] 5/17/99
Signature of Officer Date

Gerard Hainse
Print or Type Name of Officer

President
Title of Officer



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. 58647		2. Name of Corporation Heritage Healthcare Services, Inc.		
3. Street Address Principal Business Office 25 Western Industrial Drive		City Cranston	State RI	Zip 02921
4. Business Phone No. 943-2584		5. State of Incorporation RHODE ISLAND		6. SIC Code 7478
7. Brief Description of the Character of Business Conducted in Rhode Island Housekeeping services to facilities dispensing medical care and other services related thereto.				
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
President Name Gerard Hainse		Vice President Name Brian T. Hainse		
Street Address Ten Forest Hills Drive		Street Address 7 Old Mishnock Highway		
City Exeter	State RI	Zip 02822	City Coventry	State RI
Secretary Name Brian T. Hainse		Treasurer Name Gerard Hainse		
Street Address 7 Old Mishnock Highway		Street Address Ten Forest Hills Drive		
City Coventry	State RI	Zip 02816	City Exeter	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
Director Name Gerard Hainse		Director Name Brian T. Hainse		
Street Address Ten Forest Hills Drive		Street Address 7 Old Mishnock Highway		
City Exeter	State RI	Zip 02822	City Coventry	State RI
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
AUTHORIZED SHARES			ISSUED SHARES	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
1,000 SHS NO PAR COM			100	common
				no par
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				

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



* 5 8 6 4 7 *

File Date: 2-19-98
Check No.: 8379
By: 10P

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.

Gerard Hainse 2/16/98
Signature of Officer Date
Gerard Hainse
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. **58647** 2. Name of Corporation **Heritage Healthcare Services, Inc.**
3. Street Address Principal Business Office **25 Western Industrial Drive** City **Cranston** State **RI** Zip **02921**
4. Business Phone No. **944-5500** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7476**
7. Brief Description of the Character of Business Conducted in Rhode Island **Housekeeping services to facilities dispensing medical care and other services related thereto.**

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

President Name Gerard Hainse Street Address Ten Forest Hills Drive City Exeter State RI Zip 02822	Vice President Name Gerard Hainse Street Address Ten Forest Hills Drive City Exeter State RI Zip 02822
Secretary Name Gerard Hainse Street Address Ten Forest Hills Drive City Exeter State RI Zip 02822	Treasurer Name Gerard Hainse Street Address Ten Forest Hills Drive City Exeter State RI Zip 02822

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

Director Name Gerard Hainse Street Address Ten Forest Hills Drive City Exeter State RI Zip 02822	Director Name Street Address City State Zip Director Name Street Address City State Zip
---	--

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

AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
1,000 SHS NO PAR COM	100 common no par

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



File Date: 2/12/97
Check No.: 6785
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] 1/27/97
Signature of Officer Date
Gerard Hainse
Print or Type Name of Officer
President
Title of Officer

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. 58647		2. NAME OF CORPORATION Heritage Healthcare Services, Inc.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 25 Western Industrial Dr.		CITY Cranston	STATE RI
4. BUSINESS PHONE NO. 944-5500		5. STATE OF INCORPORATION RHODE ISLAND	6. SIC CODE 7476
7. BREF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND housekeeping services to facilities dispensing medical care and other services related thereto			

8. NAMES AND ADDRESSES OF THE OFFICERS		
PRESIDENT NAME Gerard Hainse		VICE PRESIDENT NAME Gerard Hainse
STREET ADDRESS Ten Forest Hills Dr.		STREET ADDRESS Ten Forest Hills Dr.
CITY Exeter	STATE RI	ZIP CODE 02822
SECRETARY NAME Gerard Hainse		TREASURER NAME Gerard Hainse
STREET ADDRESS Ten Forest Hills Dr.		STREET ADDRESS Ten Forest Hills Dr.
CITY Exeter	STATE RI	ZIP CODE 02822

9. NAMES AND ADDRESSES OF THE DIRECTORS		
DIRECTOR NAME Gerard Hainse		
STREET ADDRESS Ten Forest Hills Dr.		
CITY Exeter	STATE RI	ZIP CODE 02822
DIRECTOR NAME		
STREET ADDRESS		
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
1,000 SHS	NO PAR COM		100		0

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.

Gerard Hainse
Signature of Officer

Gerard Hainse
Print or Type Name of Officer

Pres. 2/27/96
Title of Officer Date

File Date: 3/29/96
Check No: 5308
By: 91859/4
For Secretary of State Use Only



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

Corporate ID: 0058647 Annual Report for the year: 1995

Name of Corporation: Heritage Healthcare Services, Inc.

Business entity organized under the laws of the State of: R.I.

Business Entity is (check one):

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

Business Corporation (See RIGL Chapter 7-1.1)

N/A

Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ()

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

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

housekeeping services to facilities dis-
pensing medical care and other services
related thereto

25 Western Industrial Dr.

Cranston, RI 02921

Phone: (401) ~~944-5500~~ 943-2584

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Gerard Hainse	Ten Forest Hills Dr.	Exeter, RI	02822
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Gerard Hainse	same		
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Gerard Hainse	same		
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
Gerard Hainse	same		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Gerard Hainse	Ten Forest Hills Dr.	Exeter, RI	02822
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
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
1,000	common-no par

Number of Shares	Class / Series
100	common-no par

Date 2/27, 19 95

By: Gerard Hainse Pres
Gerard Hainse

PRINT OR TYPE NAME OF OFFICER SIGNING Pres.

Form 31 1/95

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.

LOUIS A. PETRARCA, JR, ESQ
797 BALD HILL RD.
WARWICK RI 02886

CH # 4398 mac

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
I.L.C. Sept 1 - Nov. 1
CORP. Jan 1 - March 1

PLP CLK # 3553
850.00

Corporate ID: 0058647 Annual Report for the year: 1994

Name of Business Entity: Heritage Healthcare Services, Inc.

Business entity organized under the laws of the State of RI

Federal Taxpayer Identification Number: [REDACTED]

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

N/A

Phone: ()

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

25 Western Industrial Dr.

Cranston, RI 02921

Phone: (401) 944-5500

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:

Gerard Hainse, Pres.

83 Congress St.

Warwick, RI 02889

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

housekeeping services to facilities dis-

pensing medical care and other services

related thereto Date of Organization: December 20, 1989

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

N/A

THE NAMES OF THE OFFICERS ARE:

OFFICE	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> PRESIDENT (Check One)	Gerard Hainse	83 Congress St.	Warwick, RI	02889
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR				
<input type="checkbox"/> CHIEF OPERATING OFFICER OR	Gerard Hainse	same		
<input checked="" type="checkbox"/> VICE PRESIDENT (Check One)				
<input type="checkbox"/> CUSTODIAN OF RECORDS OR	Gerard Hainse	same		
<input checked="" type="checkbox"/> SECRETARY (Check One)				
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR	Gerard Hainse	same		
<input checked="" type="checkbox"/> TREASURER (Check One)				

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Gerard Hainse	same		

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER <u>1,000</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>

Date March 15 1994 By Gerard Hainse
Gerard Hainse
PRINT OR TYPE NAME OF OFFICER SIGNING
Pres.
TITLE OF OFFICER SIGNING

Form 31 1994
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 I.L.C. 3 must be filed

LOUIS A. PETRARCA, JR, ESQ
797 BALD HILL RD.
WARWICK RI 02886

FILED
MAR 17 1994
By ME59

Filing Fee \$50.00

2610917

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 0058647 Annual Report for the year 1993

FIRST: The name of the corporation is Heritage Healthcare Services, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is rendering housekeeping services to facilities dispensing medical care and other services related thereto.

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island c/o Louis A. Petrarca, Jr., 797 Bald Hill Rd., Warwick, RI 02886

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

Name	Office	Address (including number, street, zip code)
Gerard Hainse	Director	83 Congress St., Warwick, RI 02889
	Director	
	Director	
Gerard Hainse	President	83 Congress St., Warwick, RI 02889
" "	Vice Presidents	same
" "	Secretary	see above
" "	Treasurer	see above

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000			no par common

EIGHTH: Number of Shares issued:

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

PAID
MAR 04 1993
SECRETARY OF STATE

Dated 19 93 Heritage Healthcare Services, Inc.

(Name of Corporation)

By Gerard Hainse

Gerard Hainse

Title Pres.

(Report must be signed by an officer)

Filing Fee \$50.00

2326-1111 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 0058847 Annual Report for the year 1992

FIRST: The name of the corporation is Heritage Healthcare Services, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is rendering housekeeping services to facilities dispensing medical care and other services related thereto

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island c/o Louis A. Petrarca, Jr., 797 Bald Hill Rd., Warwick, RI 02886

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

Name	Office	Address (including number, street, zip code)
Gerard Hainse	Director	83 Congress St., Warwick, RI 02889
	Director	
	Director	
Gerard Hainse	President	83 Congress St., Warwick, RI 02889
Gerard Hainse	Vice President	same
Gerard Hainse	Secretary	same
Gerard Hainse	Treasurer	same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000			no par common

EIGHTH: Number of Shares issued:

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

PAID
NOV 24 1992
SECY OF STATE

Dated 3/6 19 92

Heritage Healthcare Services, Inc.
(Name of Corporation)

By *Gerard Hainse*
Gerard Hainse
Pres.

(Report must be signed by an officer)

Title

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0058EA7 Annual Report for the year 1991

FIRST: The name of the corporation is Heritage Healthcare Services, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is rendering housekeeping services to facilities dispensing medical care and other services related thereto

FOURTH: If foreign corporation, address of its principal office n/a

FIFTH: Business address in Rhode Island c/o 797 Bald Hill Rd., Warwick, RI 02886

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

Name	Office	Address (including number, street, zip code)
Gerard Hainse	Director	83 Congress St., Warwick, RI 02889
Rosemary Martin	Director	c/o 1655 Elmwood Ave., Cranston, RI 02910
	Director	
Gerard Hainse	President	83 Congress St., Warwick, RI 02889
Gerard Hainse	Vice President	same
Gerard Hainse	Secretary	same
Gerard Hainse	Treasurer	same

SEVENTH: Number of Shares authorized:

No. of Shares	Class
1,000	

PAID
MAY 21 1991
SECY OF STATE

Par Value or statement that shares are without par value
no par common

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series
100		

Par Value or statement that shares are without par value
no par common

Dated 5/13 19 91

Heritage Healthcare Services, Inc.
(Name of Corporation)

By Gerard Hainse
Gerard Hainse

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

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0058547 Annual Report for the year 1990

FIRST: The name of the corporation is STATEWIDE HEALTHCARE SERVICES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is rendering housekeeping services to facilities
dispensing medical care and other services related thereto.

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island c/o Louis A. Petrarca, Jr.
797 Bald Hill Road, Warwick, RI 02886

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

Name	Office	Address (including number, street, zip code)
Gerard Hainse	Director	83 Congress St., Warwick, RI 02889
Rosemary Martin	Director	1655 Elmwood Ave., Cranston, RI 02910
	Director	
Gerard Hainse	President	83 Congress St., Warwick, RI 02889
Gerard Hainse	Vice President	same
Gerard Hainse	Secretary	see above
Gerard Hainse	Treasurer	see above

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000			no par common

EIGHTH: Number of Shares issued:

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

PAID
MAR 22 1990
SECY. OF STATE

Dated 3/19 19 90

STATEWIDE HEALTHCARE SERVICES, INC.
(Name of Corporation)

By Gerard Hainse Pres
Gerard Hainse
Title President

(Report must be signed by an officer)