



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 42249		2. Name of Corporation NETWORK, INC.			
3. Street Address Principal Business Office 86 Mount Hope Avenue		City Providence	State RI	Zip 02906	
4. Business Phone No. (401) 274-6310		5. State of Incorporation RHODE ISLAND			6. SIC Code 7732
7. Brief Description of the Character of Business Conducted in Rhode Island TO SEEK EMPLOMENT AND THERAPEUTIC SERVICES FOR EMOTIONALLY DISTURBED PERSONS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Dr. June S. Groden			Vice President Name Dr. Gerald Groden		
Street Address 86 Mount Hope Avenue			Street Address 86 Mount Hope Avenue		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Dr. June S. Groden			Treasurer Name Dr. Gerald Groden		
Street Address 86 Mount Hope Avenue			Street Address 86 Mount Hope Avenue		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Dr. June S. Groden			Director Name Dr. Gerald Groden		
Street Address 86 Mount Hope Avenue			Street Address 86 Mount Hope Avenue		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
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			100	Common	non

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



File Date	FILED
Check No.	JUN 08 2005
By:	By <i>[Signature]</i> 7841
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] 5/3/05
Signature of Officer Date
Dr. June S. Groden
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 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

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Street Address 86 Mount Hope Avenue			Street Address 86 Mount Hope Avenue		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Dr. June S. Groden			Treasurer Name Dr. Gerald Groden		
Street Address 86 Mount Hope Avenue			Street Address 86 Mount Hope Avenue		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
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Director Name Dr June S. Groden			Director Name Dr. Gerald Groden		
Street Address 86 Mount Hope Avenue			Street Address 86 Mount Hopr Avenue		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
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			100	Common	Non

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



* 4 2 2 4 9 *

File Date 2-26-04
Check No. 579
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.

June Groden 1/26/04
Signature of Officer Date

Dr. June S. Groden

Print or Type Name of Officer

President

Title of Officer



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

Edward S. Inman, III, 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 OR PRINTED IN BLACK)

1. Corporate ID No. 42249		2. Name of Corporation NETWORK, INC.		
3. Street Address Principal Business Office 86 Mount Hope Avenue		City Providence	State RI	Zip 02906
4. Business Phone No. (401) 274-6310		5. State of Incorporation RHODE ISLAND		6. SIC Code 7732
7. Brief Description of the Character of Business Conducted in Rhode Island to seek employment and services for emotionally disturbed persons.				
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Dr. June S. Groden		Vice President Name Dr. Gerald Groden		
Street Address 86 Mount Hope Avenue		Street Address 86 Mount Hope Avenue		
City Providence	State RI	City Providence	State RI	Zip 02906
Secretary Name Dr. June S. Groden		Treasurer Name Dr. Gerald Groden		
Street Address 86 Mount Hope Avenue		Street Address 86 Mount Hope Avenue		
City Providence	State RI	City Providence	State RI	Zip 02906
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Dr. June S. Groden		Director Name Dr. Gerald Groden		
Street Address 86 Mount Hope Avenue		Street Address 86 Mount Hope Avenue		
City Providence	State RI	City Providence	State RI	Zip 02906
Director Name		Director Name		
Street Address		Street Address		
City	State	City	State	Zip
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	Non		

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



* 4 2 2 4 9 *

File Date: **3-7-03**

Check No.: **349**

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)
Signature of Officer Date

Dr. June S. Groden

Print or Type Name of Officer
President

Title of Officer



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

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



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. **42249** 2. Name of Corporation **NETWORK, INC.**

3. Street Address Principal Business Office **86 Mount Hope Avenue** City **Providence** State **RI** Zip **02906**
4. Business Phone No. **(401) 274-6310** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7732**

7. Brief Description of the Character of Business Conducted in Rhode Island **to seek employment and services for emotionally disturbed persons.**

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

President Name Dr. June S. Groden Street Address 86 Mount Hope Avenue City Providence State RI Zip 02906	Vice President Name Dr. June S. Groden Street Address 86 Mount Hope Avenue City Providence State RI Zip 02906
Secretary Name Dr. June S. Groden Street Address 86 Mount Hope Avenue City Providence State RI Zip 02906	Treasurer Name Dr. Gerald Groden Street Address 86 Mount Hope Avenue City Providence State RI Zip 02906

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

Director Name Dr. June S. Groden Street Address 86 Mount Hope Avenue City Providence State RI Zip 02906	Director Name Dr. Gerald Groden Street Address 86 Mount Hope Avenue City Providence State RI Zip 02906
--	---

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE	Common	Non

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	Non

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



* 4 2 2 4 9 *

File Date: **FILED**

Check No.: **MAR 18 2002**

By: **By CCJ07**

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.

Dr. June S. Groden 3/7/2002
Signature of Officer Date

Dr. June S. Groden
Print or Type Name of Officer

President
Title of Officer



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

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



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. 42249		2. Name of Corporation NETWORK, INC.			
3. Street Address Principal Business Office 86 Mount Hope Avenue		City Providence	State RI	Zip 02906	
Business Phone No. (401) 274-6310		5. State of Incorporation Rhode Island		6. SIC Code 7732	
7. Brief Description of the Character of Business Conducted in Rhode Island to seek employment and theraputic services for emotionally disturbed persons and the doing of any and all legal acts.					
NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Dr. June S. Groden			Vice President Name Dr. June S. Groden		
Street Address 86 Mount Hope Avenue			Street Address 86 Mount Hope Avenue		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Dr. June S. Groden			Treasurer Name Dr. Gerald Groden		
Street Address 86 Mount Hope Avenue			Street Address 86 Mount Hope Avenue		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Dr. June S. Groden			Director Name Dr. Gerald Groden		
Street Address 86 Mount Hope Avenue			Street Address 86 Mount Hope Avenue		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
1. 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
1000	Common	No	100	Common	no

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

File Date: 10-29-01

Check No.: 160

By: A177F

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

Date

Dr. June S. Groden

President



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



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. **42249**
2. Name of Corporation **NETWORK, INC.**

3. Street Address Principal Business Office

86 Mount Hope Avenue

4. Business Phone No.

(401) 274-6310

5. State of Incorporation
RHODE ISLAND

City

Providence,

State

RI

Zip

02906

6. SIC Code
7732

7. Brief Description of the Character of Business Conducted in Rhode Island to seek employment and therapeutic services for emotionally disturbed persons and any and all legal purposes.

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

President Name

Dr. June S. Groden

Street Address

86 Mount Hope Avenue

City

State

Zip

Providence RI 02906

Secretary Name

Dr. June S. Groden

Street Address

86 Mount Hope Avenue

City

State

Zip

Providence RI 02906

Vice President Name

Dr. June S. Groden

Street Address

86 Mount Hope Avenue

City

State

Zip

Providence RI 02906

Treasurer Name

Dr. Gerald Groden

Street Address

86 Mount Hope Avenue

City

State

Zip

Providence RI 02906

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

Director Name

Dr. June S. Groden

Street Address

86 Mount Hope Avenue

City

State

Zip

Providence RI 02906

Director Name

Director Name

Dr. Gerald Groden

Street Address

86 Mount Hope Avenue

City

State

Zip

Providence RI 02906

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1000 NO PAR VAL

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



* 4 2 2 4 9 *

File Date: 3/6/00

Check No.: 3286

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] 2/7/00
Signature of Officer Date

DR. JUNE S. GRODEN

Print or Type Name of Officer

PRESIDENT

Title of Officer



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



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. 42249			2. Name of Corporation NETWORK, INC.		
3. Street Address Principal Business Office 86 Mount Hope Avenue			City Providence	State RI	Zip 02906
4. Business Phone No. (401) 274-6310			5. State of Incorporation RHODE ISLAND		
6. SIC Code 7732					
7. Brief Description of the Character of Business Conducted in Rhode Island to seek employment and therapeutic services for emotionally disturbed persons and any and all legal purposes.					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) • FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Dr. June S. Groden			Vice President Name Dr. June S. Groden		
Street Address 86 Mount Hope Avenue			Street Address 86 Mount Hope Avenue		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Dr. June S. Groden			Treasurer Name Dr. Gerald Groden		
Street Address 86 Mount Hope Avenue			Street Address 86 Mount Hope Avenue		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) • FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Dr. June S. Groden			Director Name Dr. Gerald Groden		
Street Address 86 Mount Hope Avenue			Street Address 86 Mount Hope Avenue		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
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	Number of Shares	Class/Series	Par Value
1000 NO PAR VAL			100	common	no par value
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)					
ISSUED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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



* 4 2 2 4 9 *

File Date: **01-02-99**
3134
Check No.:
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] **9/23/99**
Signature of Officer Date

DR. JUNE S. GRODEN
Print or Type Name of Officer

PRESIDENT
Title of Officer



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



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.

2. Name of Corporation

42249

NETWORK, INC.

3. Street Address Principal Business Office

86 Mount Hope Avenue

City

Providence

State

RI

Zip

02906

4. Business Phone No.

(401) 274-6310

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7732

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

to seek employment and therapeutic services for emotionally disturbed persons and any and all legal purposes.

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

President Name

Dr. June S. Groden

Vice President Name

Dr. June S. Groden

Street Address

86 Mount Hope Avenue

Street Address

86 Mount Hope Avenue

City

Providence RI

Zip

02906

City

Providence RI

State

Zip

02906

Secretary Name

Dr. June S. Groden

Treasurer Name

Dr. Gerald Groden

Street Address

86 Mount Hope Avenue

Street Address

86 Mount Hope Avenue

City

Providence RI

Zip

02906

City

Providence RI

State

Zip

02906

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

Director Name

Dr. June S. Groden

Director Name

Dr. Gerald Groden

Street Address

86 Mount Hope Avenue

Street Address

86 Mount Hope Avenue

City

Providence RI

Zip

02906

City

Providence RI

State

Zip

02906

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

1000 NO PAR VAL

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



* 4 2 2 4 9 *

File Date: 3/7

Check No.: 635944

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] 2/23/98
Signature of Officer Date

DR. JUNE S. GRODEN

Print or Type Name of Officer

PRESIDENT

Title of Officer



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



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. 42249		2. Name of Corporation NETWORK, INC.	
3. Street Address Principal Business Office 86 Mount Hope Avenue		City Providence	State RI
4. Business Phone No. (401) 274-6310		5. State of Incorporation RHODE ISLAND	6. SIC Code 7732
7. Brief Description of the Character of Business Conducted in Rhode Island to seek employment and therapeutic services for emotionally disturbed persons and any and all legal purposes.			
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
President Name Dr. June S. Groden		Vice President Name Dr. Gerald Groden	
Street Address 86 Mount Hope Avenue		Street Address 86 Mount Hope Avenue	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	
Secretary Name Dr. June S. Groden		Treasurer Name Dr. Gerald Groden	
Street Address 86 Mount Hope Avenue		Street Address 86 Mount Hope Avenue	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
Director Name Dr. June S. Groden		Director Name Dr. Gerald Groden	
Street Address 86 Mount Hope Avenue		Street Address 86 Mount Hope Avenue	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
1000 NO PAR VAL		100	common
	Par Value		Par Value
			no par value

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



File Date: **1-21-97**
Check No.: **37596**
By: **IGP / WKC**
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.

June S. Groden **12/27/96**
Signature of Officer Date
DR. JUNE S. GRODEN
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. 42249		2. NAME OF CORPORATION NETWORK, INC.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 86 Mount Hope Avenue			CITY Providence	STATE RI	ZIP CODE 02906
4. BUSINESS PHONE NO. (401) 274-6310		5. STATE OF INCORPORATION RHODE ISLAND		6. SIC CODE 7732	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND to seek employment and therapeutic services for emotionally disturbed persons and any and all legal purposes.					
8. NAMES AND ADDRESSES OF THE OFFICERS			8. NAMES AND ADDRESSES OF THE OFFICERS		
PRESIDENT NAME Dr. June S. Groden			VICE PRESIDENT NAME Dr. Gerald Groden		
STREET ADDRESS 86 Mount Hope Avenue			STREET ADDRESS 86 Mount Hope Avenue		
CITY Providence	STATE RI	ZIP CODE 02906	CITY Providence	STATE RI	ZIP CODE 02906
SECRETARY NAME Dr. June S. Groden			TREASURER NAME Dr. Gerald Groden		
STREET ADDRESS 86 Mount Hope Avenue			STREET ADDRESS 86 Mount Hope Avenue		
CITY Providence	STATE RI	ZIP CODE 02906	CITY Providence	STATE RI	ZIP CODE 02906
9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME Dr. June S. Groden			DIRECTOR NAME Dr. Gerald Groden		
STREET ADDRESS 86 Mount Hope Avenue			STREET ADDRESS 86 Mount Hope Avenue		
CITY Providence	STATE RI	ZIP CODE 02906	CITY Providence	STATE RI	ZIP CODE 02906
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 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.

File Date:

Check No:

By:

Signature of Officer

DR. JUNE S. GRODEN

Print or Type Name of Officer

PRESIDENT

Title of Officer

Date

For Secretary of State Use Only

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: 0042243 Annual Report for the year: 1995

Name of Corporation: NETWORK, INC.

Business entity organized under the laws of the State of: Rhode Island. Business Entity is (check one):

For foreign entity, address and telephone number of principal office: ☒ Business Corporation (See RIGL Chapter 7-1.1)
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: () Brief statement of the character of business conducted in Rhode Island:
to seek employment and therapeutic services
for emotionally disturbed persons and any
and all legal purposes.

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

86 Mount Hope Avenue
Providence, RI 02906

Phone: (401) 274-6310

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Dr. June S. Groden</u>	<u>86 Mount Hope Avenue, Providence, RI</u>	<u>02906</u>	

VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Dr. Gerald Groden</u>	<u>86 Mount Hope Avenue, Providence, RI</u>	<u>02906</u>	

SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Dr. June S. Groden</u>	<u>86 Mount Hope Avenue, Providence, RI</u>	<u>02906</u>	

TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Dr. Gerald Groden</u>	<u>86 Mount Hope Avenue, Providence, RI</u>	<u>02906</u>	

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Dr. June S. Groden</u>	<u>86 Mount Hope Avenue, Providence, RI</u>	<u>02906</u>	

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Dr. Gerald Groden</u>	<u>86 Mount Hope Avenue, Providence, RI</u>	<u>02906</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 value</u>	<u>100</u>	<u>common</u>	<u>no par value</u>
-------------	---------------	---------------------	------------	---------------	---------------------

Date December 21, 19 94 By: Dr. June S. Groden

Form 31 1/95 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.

DR. JUNE S. GRODEN
86 MT. HOPE AVENUE
PROVIDENCE RI 02906

FILED

JAN 20 1995

31343

PLEASE TYPE or PRINT

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

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

1994

0042249

Annual Report for the year: _____
NETWORK, INC.

ing Fee \$50.00
yable to:
ecretary of State

Corporate ID: _____

Name of Business Entity: _____

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: ()

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

86 Mount Hope Avenue
Providence, RI 02906

Phone: (401) 274-6310

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:

Dr. June S. Groden
86 Mount Hope Avenue
Providence, RI 02906

Brief statement of the character of business conducted in Rhode Island:
to seek employment & therapeutic services for
emotionally disturbed persons & any & all
legal purposes.

Date of Organization: March 16, 1987

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

THE NAMES OF THE OFFICERS ARE:

☐ CHIEF EXECUTIVE OFFICER OR ☒ PRESIDENT (Check One)

Dr. June S. Groden 86 Mount Hope Avenue, Providence, Rhode Island 02906

☐ CHIEF OPERATING OFFICER OR ☒ VICE PRESIDENT (Check One)

Dr. Gerald Groden 86 Mount Hope Avenue, Providence, Rhode Island 02906

☐ CUSTODIAN OF RECORDS OR ☒ SECRETARY (Check One)

Dr. June S. Groden 86 Mount Hope Avenue, Providence, Rhode Island 02906

☐ CHIEF FINANCIAL OFFICER OR ☒ TREASURER (Check One)

Dr. Gerald Groden 86 Mount Hope Avenue, Providence, Rhode Island 02906

THE NAMES OF THE DIRECTORS ARE:

Dr. June S. Groden 86 Mount Hope Avenue, Providence, Rhode Island 02906

Dr. Gerald Groden 86 Mount Hope Avenue, Providence, Rhode Island 02906

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 1000
CLASS common

SERIES
PAR VALUE OR no par value
WITHOUT PAR

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 100
CLASS common
SERIES

PAR VALUE OR no par value
WITHOUT PAR

February 1,

19 94

By: June S. Groden

Filing Fee \$50.00

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

2745196
State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0042242 Annual Report for the year 1993

FIRST: The name of the corporation is NETWORK, INC.

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

THIRD: Character of business, briefly stated, is to seek employment for emotionally disturbed persons; to provide therapeutic services to emotionally disturbed persons; and any and all legal purposes.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 86 Mount Hope Avenue, Providence, Rhode Island 02906

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

Name	Office	Address (including number, street, zip code)
Dr. June S. Groden	Director	99 Fosdyke Street, Providence, RI 02903
Dr. Gerald Groden	Director	99 Fosdyke Street, Providence, RI 02903
	Director	
Dr. June S. Groden	President	99 Fosdyke Street, Providence, RI 02903
Dr. Gerald Groden	Vice President	99 Fosdyke Street, Providence, RI 02903
Dr. June S. Groden	Secretary	99 Fosdyke Street, Providence, RI 02903
Dr. Gerald Groden	Treasurer	99 Fosdyke Street, Providence, RI 02903

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

MAR 19 1993

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

SECRETARY OF STATE

Dated March 3, 19 93

NETWORK, INC.

(Name of Corporation)

By

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

ch # 2454

Corporate ID 0042249 Annual Report for the year 1992

FIRST: The name of the corporation is NETWORK, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to seek employment for emotionally dis-
turbed persons; to provide therapeutic services to emotionally disturbed
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Name	Office	Address (including number, street, zip code)
Dr. June S. Groden	Director	99 Fosdyke Street, Providence, RI 02903
Dr. Gerald Groden	Director	99 Fosdyke Street, Providence, RI 02903
	Director	
Dr. June S. Groden	President	99 Fosdyke Street, Providence, RI 02903
Dr. Gerald Groden	Vice President	99 Fosdyke Street, Providence, RI 02903
Dr. June S. Groden	Secretary	99 Fosdyke Street, Providence, RI 02903
Dr. Gerald Groden	Treasurer	99 Fosdyke Street, Providence, RI 02903

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

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 18 1992

SECY OF STATE

Dated February 5, 19 92

NETWORK, INC.
(Name of Corporation)

By June Groden, Ph.D.

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

Corporate ID 0042249 Annual Report for the year 1991

FIRST: The name of the corporation is NETWORK, INC.

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<u>Dr. June S. Groden</u>	<u>Director</u>	<u>99 Fosdyke Street, Providence, RI 02903</u>
<u>Dr. Gerald Groden</u>	<u>Director</u>	<u>99 Fosdyke Street, Providence, RI 02903</u>
	<u>Director</u>	
<u>Dr. June S. Groden</u>	<u>President</u>	<u>99 Fosdyke Street, Providence, RI 02903</u>
<u>Dr. Gerald Groden</u>	<u>Vice President</u>	<u>99 Fosdyke Street, Providence, RI 02903</u>
<u>Dr. June S. Groden</u>	<u>Secretary</u>	<u>99 Fosdyke Street, Providence, RI 02903</u>
<u>Dr. Gerald Groden</u>	<u>Treasurer</u>	<u>99 Fosdyke Street, Providence, RI 02903</u>

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<u>100</u>	<u>common</u>	<u>PAID</u>	<u>no par value</u>

Dated January 15, 1991

NETWORK, INC.

(Name of Corporation)

By

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 0042249

Annual Report for the year 1990 AT

FIRST: The name of the corporation is NETWORK, INC.

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THIRD: Character of business, briefly stated, is to seek employment for emotionally disturbed persons; to provide therapeutic services to emotionally disturbed persons; and any and all legal purposes.

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FIFTH: Business address in Rhode Island 86 Mount Hope Avenue, Providence, RI
02906

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Dr. June S. Groden	Director	99 Fosdyke Street, Providence, RI 02903
Dr. Gerald Groden	Director	99 Fosdyke Street, Providence, RI 02903
	Director	
Dr. June S. Groden	President	99 Fosdyke Street, Providence, RI 02903
Dr. Gerald Groden	Vice President	99 Fosdyke Street, Providence, RI 02903
Dr. June S. Groden	Secretary	99 Fosdyke Street, Providence, RI 02903
Dr. Gerald Groden	Treasurer	99 Fosdyke Street, Providence, RI 02903

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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 16, 19 90

NETWORK, INC.

(Name of Corporation)

By

June Groden

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
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903



Corporate ID 0042249 Annual Report for the year 1989

FIRST: The name of the corporation is NETWORK, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to seek employment for emotionally disabled persons; to provide therapeutic services to emotionally disturbed persons; and any and all legal purposes

FOURTH: If foreign corporation, address of its principal office

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Name	Office	Address (including number, street, zip code)
<u>Dr. June S. Groden</u>	<u>Director</u>	<u>99 Fosdyke Street, Providence, RI 02903</u>
<u>Dr. Gerald Groden</u>	<u>Director</u>	<u>99 Fosdyke Street, Providence, RI 02903</u>
	<u>Director</u>	
<u>Dr. June S. Groden</u>	<u>President</u>	<u>99 Fosdyke Street, Providence, RI 02903</u>
<u>Dr. Gerald Groden</u>	<u>Vice President</u>	<u>99 Fosdyke Street, Providence, RI 02903</u>
<u>Dr. June S. Groden</u>	<u>Secretary</u>	<u>99 Fosdyke Street, Providence, RI 02903</u>
<u>Dr. Gerald Groden</u>	<u>Treasurer</u>	<u>99 Fosdyke Street, Providence, RI 02903</u>

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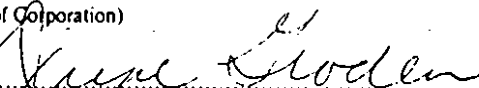
RECEIVED
MAR 06 1989
PAID

Dated February 10, 19 89

NETWORK, INC.

(Name of Corporation)

By



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..... 42249 Annual Report for the year 1988.....

FIRST: The name of the corporation is..... NETWORK, INC.

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

THIRD: Character of business, briefly stated, is..... to seek employment for emotionally disabled persons; to provide therapeutic services to emotionally disturbed persons; and any and all legal purposes.....

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

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86 Mount Avenue, Providence, RI 02906

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

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Dr. June S. Groden	Director	99 Fosdyke Street, Providence, RI 02906
Dr. Gerald Groden	Director	99 Fosdyke Street, Providence, RI 02906
	Director	
Dr. June S. Groden	President	99 Fosdyke Street, Providence, RI 02906
Dr. Gerald Groden	Vice President	99 Fosdyke Street, Providence, RI 02906
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No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	common		no par value

Dated..... February 16, 1988

NETWORK, INC.

(Name of Corporation)

By..... June S. Groden

Title..... President

(Report must be signed by an officer)