

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 I - M (FORM MUST BE TYPED OR PRIN	**	Fee: \$50.00				
1 Corporate ID No. 42249	2 Name of Corporation NETWORK, INC.			_		
3. Street Address Principal Business C 86 Mount Hop	e Avenue		City Providence	State RI	^{Zip} 02906	
4. Business Phone No. 274~6310	·	5. State of Incorporation RHODE ISLAND			6 SIC Code 7732	
7. Brief Description of the Chamcter TO SEEK EMPLOMENT	of Business Conducted in R AND THERAPEUTIC S	bode Island SERVICES FOR EMOTIO	NALLY DISTURBED PERSONS	3		
8. NAMES AND ADDRESSES President Name Dr. June	of the officers: S. Groden	(*X" BOX FOR ATTAC	CHMENT) [FILL IN SPA Vice President Name Dr. Gerald G	ces before using Groden	ATTACHMENTS	
Street Address 86 Mount	Hope Avenu	e	Sircei Address 86 Mount	Hope Avenue		
City Providence	State RI	^{2φ} 02906	^{Cuy} Providence	State RI	^{Zip} 02906	
Secretary Name Dr. June	S. Groden		freusurer Name Dr. Gerald	Groden	••••••	
Sireer Address 86 Mount	Hope Avenu	e	Sireci Address 86 Mount	Hope Avenue		
^{Chy} Providence	State RI	^{г.(р} 02906	^{City} Providence	State RI	^{Zip} 02906	
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTA Director Name Dr. June S. Groden			ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Dr. Gerald Groden			
Sinvi Address 86 Mount	Hope Avenu	e	Street Address 86 Mount Hope Avenue			
City Providence	RI	^{Zip} 02906	City Providence	State R I	^{Zip} 02906	
Director Name	. *************************************	· · · · · · · · · · · · · · · · · · ·	Director Name	••••••••	, \	
Sirrei Address	_		Street Address			
City	Sinte	Zip	City:	State	Zip	
10. SHARES AUTHORIZED AUTHORIZED SHARES	 ("X" BOX FOR ATT)	 ACHMENT)	11. SHARES ISSUED ("X"	 ' BOX FOR ATTACHN	1ENT)	
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 eithe	er the President, Vice P	resident, Secretary, Assistant S	Secretary, Treasurer, R	ecciver or Trustee	
			including any accompan	ying schedules and state	nt I have examined this repo ments, and that all stateme	
File Date	FILED		contained herein are true Signature of Officer	and correct.	5/3/05 Date	
· ·	IUN 0 8 2005	1991	Dr. June S. Print or Type Name of Off	Groden		
FOR SECRETARY OF ST	ATE USE ONEY		President	·		
	<u> </u>	J	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 CORPOR Filing Period: January 1 - Ma FORM MUST BE TYPED OR PRINT	arch 1 • Fill		RT FOR THE YEAR	200	4		
1. Corporate ID No.	2. Name of Corporation	n					
42249	NETWORK, IN	IC					
3 Street Address Principal Business O	•	, mu o	Providence	State RI	02906		
86 MOUT 4. Business Phone No.	t Hope Ave	5 State of Incorporation		1 "1	6. SIC Code		
	74-6310						
7. Brief Description of the Character of		RHODE ISLAN	<u>D</u>				
			TIONALLY DISTURBED PERSON	IS			
. NAMES AND ADDRESSES	OF THE OFFICER	S: ("X" BOX FOR AT	TACHMENT) 📋 FILL IN SPA	AÇES BEFORE USING	ATTACHMENTS		
resident Name			Vice President Name	_	_		
Dr. Jur	ne S. Grode	en	Dr. Gerald	Groden			
Sirect Address			Street Address				
	t Hope Ave	· · · · · · · · · · · · · · · · · · ·	86 Mount Hop				
City	State	^{zφ} 02906	City Providence	State RI	02906		
Providence] RI	1 02906	Troasurer Name				
Secretary Name Dr. Jur	ne S. Grode	en	Dr. Gerald	Groden			
Street Address			Street Address		 		
	nt Hope Ave	enue	86 Mount Ho	pe Avenue			
City	State	Zip	City	State	Zip		
Providence	RI	02906	Providence	RI	02906		
. NAMES AND ADDRESSES	OF THE DIRECTO	ORS: ("X" BOX FOR A	I <i>ttachment)</i> 📋 fill in s	PACES BEFORE USI	NG ATTACHMENTS		
Director Name			Director Name	3 0			
	e S. Grode	n	Dr. Geral	.a Groaen			
Street Address	sh Hama Bir	20110	Street Address	Honr Avenue			
•	nt Hope Ave	- ,	City	86 Mount Hopr Avenue			
Providence	State RI	²¹⁰ 02906	^{Ciiy} Providence	State RI	^{λίρ} 02906		
Director Name	J		Director Name				
Street Address			Sirvet Address				
				<u></u>			
City	State	Ζφ	City	State	Zip		
				_1			
10. SHARES AUTHORIZED	("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED ("X	BOX FOR ATTACH	IMENT) 🗌		
AUTHORIZED SHARES			ISSUED SHARES	T :	·		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
1,000 NO PAR VALUE			100	Common	Non		
				 	 		
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This reason must be a	ianad in intrhe-	ther the Descident Min	President, Secretary, Assistant	Secretary Transport	Receiver or Trustee		
rms report must be s	ngnes in mik by ei	mor me riesidem, vic	e i resident, secretary, masistant	occiding, ricasulei,	TOURIST OF TRUSTEE		
	 212 310 1121 1121	IERI					
	B		Hadaa aasaliss of weeks	nu Eduction and -65	hat I have examined th		
]]]]]]		I II I →		ry, I declare and affirm t mying schedules and sta			
	 	- T	contained herein are to		/ /		
File Date 2	-210-	d4	12120	charlo-	1/30/20		
File Date		<u> </u>	Signature of Officer	TINCEN-	Date		
Check No.	579	_	Dr. June S.	Groden	22.0		
	3	_					
Ву:	Ü	-	Print or Type Name of C	yjicer			
FOR SECRETARY OF ST	ATE USE ONLY		President				
TOR SECRETARY OF STA			Title of Officer	<u> </u>			

Edward S. Inman, 111, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

STOP PIJASE READ INSTRUCTIONS

riting reriou: junuary 1-march 1	•	Filing Fee: \$30.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)		

1. Corporate ID No.	2. Name of Corporation					
42249	NETWORK, INC.					
3, Street Address Principal Business Of	Tice		City	State		Zip
86 Mount Ho	pe Avenue	S. State of Incorporation	Provi	dence	RI	02906 6. SIC Code
(401) 274-6	310					7732
7. Brief Description of the Character of		RHODE ISLAND				1132
		services for	emotiona	lly distur	bed person:	3.
8. NAMES AND ADDRESSI President Name	=			SPACES BEFORE U	-	
Dr. June S.	Groden		Dr	. Gerald G	roden	
Street Address			Street Address		-	
86 Mount Ho	pe Avenue		86	Mount Hope	Avenue	
City	State	Zip	City	State		Zip
Providence Secretary Name	RI	02906	Provid	ence	RI	02906
Dr. June S.	Groden			. Gerald G	rođen	
Street Address	020000		Street Address	. 001414 07	roue	
86 Mount Ho	pe Avenue		86	Mount Hope	Avenue	
City	State	Zip	City	State		Zip
Providence	RI 02906	I	. Provi	dence	RI	02906
9. NAMES AND ADDRESSI Director Name	ES OF THE DIRECTO	ORS ("X" BOX FOR ATTAC	HMENT) FILL Director Name	IN SPACES BEFORE	E USING ATTACHIN	
Dr. June S. Street Address	Groden		Dr. Street Address	Gerald Gro	den	
86 Mount Ho	pe Avenue		86	Mount Hope	Avenue	
City	State	Zip	City	State		Zip
Providence	RI	02906	Prov Director Name	idence	RI .	02906.
Street Address			Street Address			
City	State	Zip	City	State		Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	(*X* BOX FOR ATTACHM	(ENT)	11. SHARES I	SSUED (*X* BOX FO	R ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class	/Series	Par Volue
4 000 NO DAD VALUE						
1,000 NO PAR VALUE			100	C	Ommon	Non

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



File Date: 3-7-03

Check No.: 349

By: _______

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 type and correct.

Signature of Officer

Dr. June S. Groden

Print or Type Name of Officer

President

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

2002 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _

Filing Period: January	1-March 1 • Fi	ling Fee: \$50.00			INSTR
FORM MUST BE TYPED IN BLA					
. Corporate ID No.	2. Name of Corporation				
42249	NETWORK, INC	•			
3. Street Address Principal Business (Орисе		City	State	Zip
Businss Phylogent Hope	e Avenue	5. State of Incorporation	Providence	RI	02906 6. SIC Code
(401) 274-631	0	RHODE ISLAND			7732
. Brief Description of the Character	of Business Conducted in Rhu	to seek	employment ar	nd services for	
emo B. NAMES AND ADDRESS resident Name	tionally dis ses of the officer	turbed person	ns.	S BEFORE USING ATTACH	MENTS
Dr. June S. G			Dr. June Street Address	S. Groden	
86 Mount Hope	Avenue State	Zip	86 Mount	Hope Avenue	Zip
Providence	RI	02906	Providence Treasurer Name	RI	02906
Dr. June S. G			Dr. Gera.	ld Groden	
86 Mount Hope	Avenue	Zip	86 Mount	Hope Avenue	Zip
Providence D. NAMES AND ADDRESS Director Name	RI SES OF THE DIRECT	02906 ORS (*X* BOX FOR ATTAC	Providence CHMENT) FILL IN SPACE Director Name	RI CES BEFORE USING ATTAC	02906 HMENTS
Dr. June	S. Groden		Dr. Gera	ald Grođen	
86 Mount	Hope Avenue	Ζίρ	86 Moun	t Hope Avenue	Zip
Providence.	RI .	02906	Providence Director Name	e RI	02906
treet Address			Street Address		
City	State	Zip	City	State	Zip
0. SHARES AUTHORIZEI	D (*X* BOX FOR ATTACH)	MENT) .	11. SHARES ISSUED	(*X* BOX FOR ATTACHMENT)	•

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

ISSUED SHARES

Number of Shares

100



Class/Series

Common

Par Value

Non

FOR SECRETARY OF STATE USE ONLY

AUTHORIZED SHARES

1,000 NO PAR VALUE

Number of Shares

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.

Ör. June S. Groden

Class/Series

Common

Title of Officer dent

Ferm 630 12/01

Par Value

Non

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

ROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00



RM MUST BE TYPED IN BLACK)				1531400.	
orporate ID No	2. Name of Corporation					
42249	NETWO	NETWORK, INC.				
reet Address Principal Business Off	îce		City	State	Zip	
86 Mount Ho	oe Avenue		Providence	RI	02906	
usiness Phone No.		5. State of Incorporation			6 SIC Code	
(401) 274-6310 Rhode Isl			land		7732	
rief Description of the Character of	Business Conducted in R	hode Island to seek	employment and t	heraputic s	ervices for	
<u>emotionally</u>	disturbed		the doing of any			
NAMES AND ADDRESSE	S OF THE OFFICE	ERS ("X" BOX FOR ATTACE	HMENT) DIFILL IN SPACES BEE	ORE USING ATTACE	MENTS	
				_		
Dr. June S	- Groden -	 	Street Address	roden	·····	
86 Mount Ho			86 Mount Hope			
oo nounc no	State	Zip	City	State	Zip	
Providence	RI	02906	Providence	RI	02906	
etary Name	<u>'</u>		Treasurer Name	<u>-!</u>	I	
Dr. June S.	Groden		Dr. Gerald Gi	rođen		
et Address	02000		Street Address		 	
86 Mount Ho	pe Avenue		86 Mount Hope Avenue			
	State	Ζιρ	City	State	Zip	
Providence	RI	02906	Providence	RI	02906	
NAMES AND ADDRESSE	S OF THE DIREC	TORS ("X" BOX FOR ATTA	ACHMENT) TILL IN SPACES B	EFORE USING ATTA	CHMENTS .	
ctor Name			Director Name	-		
Dr. June S	. Groden		Dr. Gerald	d Groden		
	_		Street Address	_		
86 Mount Ho	<u>pe Avenue</u> State	7.5	86 Mount Hope	Avenue		
		Zip			219	
Providence	RI	02906	Providence Director Name	RI	02906	
			Direction symme			
t Address	 _		Street Address		_	
	State	Zip	City	State	Zip	
	i					
SHARES AUTHORIZED	(*X * BOX FOR ATTAC	HMENT)	11. SHARES ISSUED ("X")	BOX FOR ATTACHMENT)	ъ,	
HORIZED SHARES			ISSUITO SHARES			
iber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
1000	Common	No	100	Common	-	
1000	Common	No	100	Common	no	

Tile Date: 10-29-01

Theck No.: 160

A177

OR 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
Signefure of Officer Dute
Print or Type Name of Officer Print or Type Name of Officer
President Title of Officer

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)

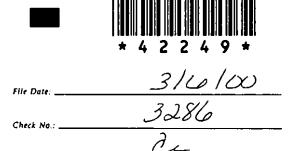
I. Corporate ID No.

2. Name of Carporation

42249

NETWORK, INC.

3. Street Address Principal Bu	siness Office		City	State	Zip	
86 Mount Hop		5. State of Incorporation RHODE ISLAND	Providence,	RI	02906 6. SIC Code 7732	
(401) 274-61 7. Brief Description of the Chi	aracter of Business Conducted in	Rhode Island to seek	employment and	therapeutic	services	for
	RESSES OF THE OFFIC		and all legal pi HMENT) FILLIN SPACES B Vice President Name	urposes. Efore using attac	CHMENTS	
Dr. June S. Street Address	Groden		Dr. June S. G. Street Address	roden		
86 Mount Hop	oe Avenue	Zip	86 Mount Hope	Avenue State	Zip	
Providence Secretary Name	RI	02906	Providence Treasurer Name	RI	02906	
Dr. June S. Street Address	Groden		Dr. Gerald Gre	oden		
86 Mount Hop	oe Avenue	Zip	86 Mount Hope	Avenue	Zip	
Providence	RI	02906	Providence	RI	02906	
9. NAMES AND ADD Director Name	PRESSES OF THE DIRE	CTORS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACES Director Name	S BEFORE USING ATTA	ACHMENTS	
Dr. June S. Stieet Address	Groden		Dr. Gerald Gre	oden		
86 Mount Hor	oe Avenue	Zip	86 Mount Hope	Avenue	Zip	
Providence.	RI	02906	Providence Director Name	RI	02906	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
10. SHARES AUTHOI	RIZED ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (*) ISSUED SHARES	C BOX FOR ATTACHMENT	r)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
1000 NO PAR V	AL		100	Common	No par	value
Number of Shares 1000 NO PAR V	AL		Number of Shares	Common	No par	



FOR SECRETARY OF STATE USE ONLY

Print or Type Name of Officer PRESIDENT

DR. JUNE S. GRODEN

Title of Officer

Signature of Officer

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



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 BL	ACK)					
1. Corporate ID No.	2. Name of Corpore	ation –				<u> </u>
42249	NETWORK	i, INC.				
3. Street Address Principal Busines.			City	State	ZIP	-
86 Mount Hope	Avenue		Providence	RI	02906	
4. Business Phone No.	•	S. State of Incorpora			6. SIC Code	- 1
(401) 274-631		RHODE IS			7732	ĺ
 7. Brief Description of the Characte emotionally d: 	er of Business Conducted isturbed pe	in Rhode Island to Se ersons and a	eek employment an ny and all legal	d therapeution purposes.	services f	for
•			TTACHMENT) · FILL IN SPACES		CHMENTS	
President Name	_		Vice President Name		• • •	
Dr. June S. G	roden		Dr. June S.	Groden		
Street Address			Street Address			.1
86 Mount Hope	Avenue		86 Mount Hop	e Avenue		
City	State	Zip	City	State	Zip	٠ -
Providence	RI	02906	Providence	RI	02906	
Secretary Name		•	Treasurer Name	* * * * * * * * * * * * * * * * * * * *		••••••
Dr. June S. Gi	roden		Dr. Gerald Gr	oden		1
Street Address			Street Address	•	- ·	
86 Mount Hope	Avenue		86 Mount Hope	Avenue		
City	State	Zip	City	State	- + Zip	
Providence	RI	02906	Providence	RI	02906	-
9. NAMES AND ADDRES	SSES OF THE DIR	ECTORS (*X* BOX FOR	ATTACHMENT) . FILL IN SPAC	ES BEFORE USING AT	FACHMENTS	* *- 1
Director Name			Director Name		-	
Dr. June S. Gi	roden		Dr. Gerald G	roden		
Street Address			Street Address		-	1
86 Mount Hope	Avenue		86 Mount Hope	e Avenue		
City	State	Zip	City	State	Zip	-
Providence	RI	02906	Providence	RI	02906	į
Director Name	•• •		Director Name	*********	***************************************	•••
						,
Street Address			Street Address	·		- 1
						'
City	State	Zip	City	State	Zip	1
10. SHARES AUTHORIZE	ED ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMEN	IT) (j
AUTHORIZED SHARES			ISSUED SHARES		- ·	
Number of Shares	Class/Serles	Par Value	Number of Shares	Class/Series	Par Value	•
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1000 NO PAR VAL			. 100	common	no par v	ralue
· I			•	-	г	
· 		_				
This report must be sign	ned in ink hv eit	her the President V	ice President, Secretary, Ass	istant Secretary Treas	Surer Receiver or T	Frustaa
	o, cn	, viic / icoluciit, 1	resident, secretary, 133	.o.uni occiciary, iica:	, a.c., Receiver of t	HUSIEE
1 1881						

	* 4 2 2 4 9 *
file Date:	04-02-99
Check No.:	9134
Ву:	\$0
FOR SECRETARY	OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report/jincluding any accompanying schedules and statements, and that all pratements contained herein are true and correct. DR. JUNE S. GRODEN
Print or Type Name of Officer

PRESIDENT Title of Officer

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

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

401-277-3040

no par value

(FORM MUST BE TYPED IN BLAC	(K)				
1. Corporate ID No.	2. Name of Corporation		•		
42249 3. Street Address Principal Business C	NETWORK, INC).	City	State	Zip
86 Mount Hope A	lvenue	5. State of Incorporation	Providence	RI	02906 6. SIC Code
_	of Rusiness Conducted in Rho isturbed pers	sons and any	employment and and and all legal p	therapeutic sourposes.	7732 ervices for
8. NAMES AND AUDRESS President Name	es Of THE OFFICE	© ५ [®] X° ±0x ±0k-x7;aCm	TENT) - Vice President Name	-	
Dr. June S. G. Street Address	ro den		Dr. June S.	Groden	
86 Mount I	lope Avenue	Zip	86 Mount Ho	pe Avenue	Zip
Providence Secretary Name	e RI	02906	Providence Treasurer Name	RI	02906
Dr. June S. G. Street Address 86 Mount Hope			Dr. Gerald Gro Street Address 86 Mount Hope	den Avenue	
Providence	State RI	02906	Providence	State RI	^z 19 02906
9. NAMES AND ADDRESS Director Name	ES OF THE DIRECTO	ORS ("X" BOX FOR ATTAC	HMENT) Director Name		
Dr. June S. G	ro den		Dr. Gerald Gr	oden	
86 Mount Hope	Avenue		86 Mount Hope	Avenue	
City	State	Zip	City	State	Zip
Providence Director Name	RI	02906	Providence Director Name	RI	02906
Street Address			Street Address		
City	State	Zip	City	State	· 2.1p
10. SHARES AUTHORIZES AUTHORIZED SHARES) (*X* BOX FOR ATTACHN	AENT)	11. SHARES ISSUED ('X'	BOX FOR ATTACHMENT)	
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

100

	* 4 2 2 4 9 *
File Date:	3/7
Check No.:	635944
Ву:	i Ho
FOR SECRETARY	OF STATE USE ONLY

1000 NO PAR VAL

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.

common

<u>JUNE S. GRODEN</u>

Print or Type Name of Officer

PRESIDENT

Title of Officer



FOR SECRETARY OF STATE USE ONLY

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 Fec: \$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 State Zip Providence 02906 86 Mount Hope Avenue S. State of Incorporation 6. SIC Code 4. Business Phone No. (401) 274-6310 RHODE ISLAND 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) Vice President Name Dr. June S. Groden Dr. Gerald Groden Street Address Street Address .86.Mount Hope Avenue _ __86.Mount.Hope Avenue Providence Providence | 02906 Dr. Gerald Croden Dr. June S. Groden Street Address 86 Mount Hope Avenue 86 Mount Hope Avenue 02906 RI Providence. 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Dr. Gerald Groden Dr. June S. Groden Street Address Street Address 86 Mount Hope Avenue 86 Mount Hope Avenue City Frovidence 02906 02906 RI Director Name Street Address Street Address City City 1 State Zio Zip 10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Class/Series Par Value Number of Shares Number of Shares 1000 NO PAR VAL 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.

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

1. CORPORATE IO NO.	2. NAME OF CORPORATION		PRINT IN BLACK INK.		
42249	NETTIL	מאד שפר			
3. STREET ADORESS PRINOPAL BUSHVESS		NETWORK, INC.			I ZIP CÓDE
86 Mount Hope	Avenue		Providence	DI	
BUSINESS PHONE NO.	Avenue	5. STATE OF INCORPORATION	Providence	RI	02906
(401) 274-631		RHODE I	SLAND		7732
emotionally o	listurbed pe	to seek e ersons and any	employment and to and all legal	purposes.	ervices for
RESIDENT NAME		AMES AND ADDS	RESSES OF THE OF		
Dr. June S.	Groden		Dr. Gerald	Groden	
86 Mount Hop			86 Mount Ho		
Providence	SIATE	02906	Providence	STATE	27 000€
ECRETARY NAME	T/I	1 02906	Providence	RI	02906
Dr. June S.	Groden		Dr. Gerald G	roden	
86 Mount Hop	e Avenue	1 ΔP C001E	86 Mount Hope		
Providence	RI	02906	Providence	RI	02906
RECTOR NAME	9 . N	AMES AND ADDE	RESSES OF THE DI	RECTORS	
Dr. June S.	Groden		Dr. Gerald	Groden	
86 Mount Hop			86 Mount Ho	pe Avenue	
m Providence	STATE	20° CODE	ary	STATE	Z/P 000£
RECTOR NAME	<u> </u>	02906	Providence OFFECTOR NAME	RI	02906
REET ADDRESS			STREET ADDRESS		
70 4	STATE	ZIP CODE	ân	STATE	ZP C00€
	1 0	SHARES AUTHOR	IZED AND ISSUED	ICCUED CHARCO	
MAMBER OF SHARES CLASS / SERVES PAR VALUE		MUMBER OF SHARES	ISSUED SHARES CLASS / SERIES	PAR VALUE	
1000 NO PAR VAL		100	common	no par valu	
			1 4		
Pre	Thesident, Vice President	nis report must be SIC	GNED IN INK by either the stant Secretary, Treasurer,	e Receiver or Trusto	_
			Linder consists of	forms I dealers and	

File Date:

Check No:

By:

For Secretary of State Use Only

í

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

//DR. JUNE S. GRODEN

Print or Type Name of Officer

PRESIDENT

Title of Officer

Date

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

ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1

Filing Fee \$50.00 Make Checks Payable to: Secretary of State

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

OO4224의 Corporate ID:	Annual Report for the year:
NETWORK: INC	
Name of Corporation: Business entity organized under the laws of the State of: Rhoo	de Island. Business Entity is (check one):
For foreign entity, address and telephone number of principal office	
	A .
Phone: ()	Brief statement of the character of business conducted in Rhode Island: to_seek_employment_and_therapeutic_services
Address and telephone of the principal office of business entity in F	Rhode for emotionally disturbed persons and any
Island (Provide street address - Not P.O. Box):	and all legal purposes.
-86-Mount_Hope_Avenue	
DmwidenceRI_02906	
Phone: (_401) 274-6310	
THE NA	AMES OF THE OFFICERS ARE:
	STREET ADDRESS
Dr. June S. Groden 86 Mount	Hope Avenue, Providence, RI 02906
	STREET ADDRESS CTTY/STATE
Dr. Gerald Groden 86 Mount	t nope Avenue, Providence, RI 02906
Dr. June S. Groden 86 Mount	STREET ADDRESS Hope Avenue, Providence, RI 02906 ZIPCODE
TREASURER	
Dr. Gerald Groden 86 Mount	STREET ADDRESS CITY/STATE ZIP CODE Hope Avenue, Providence, RI 02906
THE NAME OF THE NA	MES OF THE DIRECTORS ARE:
	STREET ADDRESS CITY/STATE
<u>Dr. June S. Groden</u> 8 <u>6 Mount</u>	Hope Avenue, Providence, RI 02906 STREET ADDRESS CITYSTATE
Dr. Gerald Groden 86 Mount	Hope Avenue, Providence, RI 02906
	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
1000 common no par value	100 common no par value
	combi. 15 par value
Duta Daggrahov 21	101 11 11 11 11 11
Date	By: DR TIME S CHOOSEN
24 Ame	PRINT OR TYPE NAME OF CHILD BEIGNING
orm 31 1/95	TITUE OF OFFICER SIGNING
DESIGNATED REGIST	ERED AGENT FOR SERVICE OF PROCESS:
PLEASE NOTE: If the registered office and/or registered agent inc	licated below is incorrect. Form 9 must be filed
_	A STATE OF THE STA

DR. JUNE 5. GRODEN
56 MT. HOPE AVENUE
PROVIDENCE RI 02906

SMED BYS

ing Fee \$50.00 yable to: cretary of State

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

100 North N Providence, Rhode I	Island 02903-1335
401-27	7-3040
0042249 Corporate ID:	Annual Report for the year:
Name of Business Entity:	
	I must note Entity is (Check Offe).
Business entity organized under the laws of the State of: Rhode Island Federal Taxpayer Identification Number: For foreign entity, address and telephone number of principal office:	
	Dr. June S. Groden
	86 Mount Hope Avenue
Phone: ()	Providence, RI 02906
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	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):
Phone: (401) 274-6310	
	THE OFFICERS ARE: 72P CODE
	TADDRESS
Or. June S. Groden 86 Mount Hope Avenu	ue, Providence, Rhode Island 02906 DIPCODE
CHIEF OPERATING OFFICER ON W 86 MOUNT, HODE AVENU	UR. Providence, Rhode Island 02906 7/P CODE
CISTODIAN OF RECORDS ON IN SECURITION 86 Mount Hope Avenu	ue, Providence, Rhode Island VZZVV 71PCODE
Time S. Groden 80 Reals 19-1-	inge, Providence, Rhode Island 02906
Dr. Gerald Groden 86 Mount Hope Avenu	FTHE DIRECTORS ARE: CITYSTATE ZIP COD
THE NAMES OF	
	nue, Providence, Rhode Island 02906 ZIP COD
	nue. Providence. Rhode Island 02906 ZIP COI EET ADDRESS
NAME	
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
	NUMBER 100
NUMBER 1000	CLASS COMMON
CLASS	
SERIES	SERIES
PAR VALUE OR no par value	PAR VALUEOR no par value WITHOUT PAR
WITHOUT PAR	

Fehmiarv 1.

_. 19_94_

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	year1993		
First: T	The name of the corporation	n is	METWORK, INC			
SECOND:	It is incorporated under the	he laws of	the State of Rhode Isl	.and.		
THIRD: (persons; to p all legal pur	rovide therapeutic se	rvices to	to seek employment for emotionally disturbed per	notionally disturbed rsons; and any and		
Fourth:	If foreign corporation, ad	dress of its p	orincipal office	······································		
Fігін: В	susiness address in Rhode I	sland 86	Mount Hope Avenue, Provid	dence, Rhode		
Isla	nd 02906	•••••				
Sixth: N	Names and addresses of its	directors and	d officers: Address (including nur	(Attach rider if necessary) mber, street, zip code)		
Dr. June S	G. Groden	Director	99 Fosdyke Street, Prov	idence, RI 02903		
Dr. Gerald	d Groden	Director	99 Fosdyke Street, Prov	idenœ, RI 02903		
		Director		·····		
Dr. June	S. Groden	President	99 Fosdyke Street, Prov	idence, RI 02903		
Dr. Gerald	i Groden	Vice Preside	ent 99 Fosdyke Street, Pro	vidence, RI 02903		
Dr. June	S. Groden	Secretary	99 Fosdyke Street, Prov	idence, RI 02903		
Dr. Geral	d Groden	Treasurer	99 Fosdyke Street, Prov	idence, RI 02903		
SEVENTH:	Number of Shares autho	rized:	Suries	Par Value or statement that shares are without		
1000			Series	par value no par value		
1000	common	ı	raid	no par varue		
Еібнти:	Number of Shares issued:		MAR 1 9 1993	Par Value or statement that		
No. of Share	s Class		SEIGRETARY OF STATE	shares are without par value		
100	common	l		no par value		
	h.3,19 9	1	NETWORK, INC. (Name of Corporation) By	rdiv		
(Rep	ort must be signed by an officer)	Title / President			

State of Rhode Island and Providence Flantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID	004224	<u> </u>	"Ca	Annual Repo	ort for the yea	r. 1992
First:	The name of the cor	poration is	١,			······
Second	: It is incorporated	under the laws of.	Rhode	Island		······
THURD: turbed pe persons;	Character of busine ersons; to prove and any and a	ss, briefly stated, is ide therapeu ll legal purp				emotionally dis- ly disturbed
Fourth	: If foreign corpora	tion, address of its	principal o	office	·····	
Г ігтн:	Business address in I	Rhode Island	86 Mou	nt Hope A	venue, Pi	covidence,
Rhod	le Island 0290	5			***************************************	
Sіхтн:	Names and addresse	s of its directors ar	nd officers:		(including number,	(Attach rider if necessary) street, zip code)
Dr. Jun	e S. Groden	Director	9.9F	osdyke St	reet, Pro	videnceRI02903
Dr. Ger	ald Groden	Director	9.9F	osdykeSt:	reet, Pro	ovidence,RI02903
		Director		•••••		
Dr. Jun	e S. Groden	President	99. F	osdyke St	reet. Pro	vidence. RI 02903
Dr. Ger	ald Groden	Vice Presi	dent99 F	osdyke St	reet, Pro	vidence, RI 02903
Dr. Jun	e S. Groden	Secretary	99 F	osdyke St	reet, Pro	vidence, RI 02903
Dr. Ger	ald Groden	Treasurer				vidence,RI02903
SEVENTH	: Number of Share	s authorized:				Par Value
No. of Sh	ares	Class		Series		or statement that shares are without par value
100	0	common		P	AID	no par yalue
Eighth: Number of Shares issued:		FEB 1 8 1992 Par Value		Par Value or statement that		
No. of Sh	ares	Class		E shares are without par value		
10	0	common				no par value
DatedF.e	bruary 5,	19 .9.2	(Name of Co	rporation)	. 1	······································
			Ву	juno,	Geval	en, //h 1)
(Re	eport must be signed by a	n officer)	Title	, Presider	1t	

31 1/85

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	042249	Annual Report for	or the year1991
FIRST: The name of	of the corporation is	NETWORK, INC.	
Second: It is inco	rporated under the laws	of Rhode Island	
THIRD: Character disturbed per persons; and	of business, briefly stated sons/ to provide any and all lega	l, is to seek employment therapeutic service al purposes.	nt for emotionally es to emotionally disturbed
_			
			enue, Providence,
Rhode Is	land 02906	······································	
SIXTH: Names and	d addresses of its director		(Attach rider if necessary) uding number, street, zip code)
Dr. June S.	Groden Direct	or 99 Fosdyke Str	eet, Providence, RI 02903
Dr. Gerald G	roden Direct	or 99 Fosdyke Stre	eet, Providence, RI 02903
	Direct		
	Groden Preside		eet, Providence, RI 02903
Dr. Gerald G	roden Vice P	resident 99 Fosdyke Str	eet, Providence, RI 02903
Dr. June S.	Groden Secret	ary 99 Fosdyke Str	eet, Providence, RI 02903
Dr. Gerald G	rodenTreasu	rer .99 Fosdyke Str	eet, Providence, RI 02903
SEVENTH: Number	r of Shares authorized:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
1000	common	PAID	no par value
Eіднтн: Number	of Shares issued:	100 5 V 1991	Par Value or statement that
No. of Shares	Class	Scries	shares are without par value
100	common	\neg	no par value
Dated January 15	19 ⁹¹	NETWORK,	INC.
		(Name of Corporation)	Studen
		By	
(Report must b	e signed by an officer)	Title // Presider	.t

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

		ORTH MAIN STREET DE, RHODE ISLAND 02903	A-T
Corporate ID	42249	. Annual Report fo	r the year 1990 H
FIRST: The nan	ne of the corporation is	METWORK, INC.	······································
SECOND: It is in	ncorporated under the laws of	ofRhode Island	
disturbed perso	ons; to provide the	is to seek employment rapeutic services to rposes.	emotionally disturbed
FOURTH: If fore	eign corporation, address of i	its principal office	
FIFTH: Business	address in Rhode Island	86. MountHopeAvenus	e. Providence. RI
SIXTH: Names a	and addresses of its directors		(Attach rider if necessary) ling number, street, zip code)
Dr. June S. G	Sroden Director	r 99 Fosdyke Stree	et, Providence, RI 02903
Dr. Gerald Gr	roden Director	r 99 Fosdyke Stree	et, Providence, RI 02903
	Director	r	
Dr. June S. G	Groden Presider	nt 99 Fosdyke Stree	et, Providence, RI 02903
Dr. Gerald Gr	roden Vice Pre	esident 99 Fosdyke Stree	et, Providence, RI 02903
Dr. June S. G	Sroden Secretar	y 99 Fosdyke Stree	et, Providence, RI 02903
Dr. Gerala Gr	oden Treasure		et, Providence, RI 02903
SEVENTH: Num	ber of Shares authorized:		Par Value
No. of Shares	Class	Series	or statement that shares are without par value
1000	common		no par value
Eіднтн: Numb	er of Shares issued:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
100	common	1943 T 1990	no par value
Dated Februar	y 16, 19 90 3	NETWORK, (Name of Corporation) By	INC. Leodler
(Report must	be signed by an officer)	Title President	<u> </u>

Form 31 1/85

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE PROPERTY OF THE PRO

		IDENCE, RHO	DDE ISLAND 0290	3	\$ CONTO	CYU
Corporate ID	0042249		Annual	Report for the	year1989	·······
FIRST: The na	me of the corporation is.	·····	NETWORK,	INC.	•••••	••••••
Second: It is	incorporated under the la	 ıws ofR	thode Islar	nd		
disable	cter of business, briefly st ed persons; to pr ned persons; and	oviđe t	herapeution	services	to emotion	nallv
FOURTH: If fo	reign corporation, addres	s of its prir	icipal office		•••••	•••••
FIFTH: Busine	ss address in Rhode Islan	d86m	ountHope.	Avenue, P	rovidence,	RI02906
	s and addresses of its direct	ctors and o	officers:	Address (including nu	(Attach ric imber, street, zip code)	ler if necessary)
DrJuneS.	Groden Dir	rector	99 Fo s dvl	ke Street,	Providence	e, RI 0290
Dr. Gerald	Groden Di	rector	99 Fo s dyl	ke Street,	Providence	e, RI 0290
•••••••••	Dii	rector		••••••	*************************	•••••
Dr. June S.	Groden Pre	sident	99 Fo g dyl	ce Street,	Providence	e, PI 0290
Dr. Gerald	Groden Vic	e Presiden	99 Fo s dvk	e Street,	Providence	e, RI 0290
Dr. June S.	Groden Sec	cretary	99 Fo S dyk	e Street,	Providence	e, RI 0290
Dr. Gerald	Cuodan	asurer	99 Fosdvl	e Street,	^D rovidence	, RI 0200
Seventh: Nui	mber of Shares authorized	d :			Par Valu	
No. of Shares	Class		Series		shares are wi par valu	
1000	common				no par v	alue
Eіднтн: Num	ber of Shares issued:	YOES			Par Valu or statement	that
No. of Shares	Class	5 0	Series		shares are wi par valu	
100	common	AR 0 4 1989 Wofeld			no par v	alue
DatedFebruary			NETWORK,	INC.	•••••••••••	•••••
		Bv	Vun	c Ch	rden	
(Report mu	ist be signed by an officer)	- j Tit	le Freside	ent		***************************************

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID42	249	Annual Report for	the year19.8.8
First: The name	of the corporation isNE	ETWORK, INC.	······································
SECOND: It is inco	orporated under the laws of	Rhode Island	
disabled pe	rsons; to provide th	nerapeutic services	to emotionally
FOURTH: If foreig	n corporation, address of its pr	rincipal office	
FIFTH: Business ac	idress in Rhode Island86	Норе	idence, RI 02906
SIXTH: Names and	l addresses of its directors and		(Attach rider if necessary)
DrJune.SGro	denDirector	99 Fosdyke Street	, Providence, RI 02906
Dr. Gerald Groo	len Director	99 Fosdyke Street	, Providence, RI 02906
•••••••••••••••••••••••••••••••••••••••	Director	***************************************	
Dr. June S. Gro	oden President	99 Fosdyke Street	, Providence, RI 02906
Dr. Gerald Grod	lenVice Presider	nt 99 Fosdyke Street	, Providence, RI 02906
Dr. June S. Gro	oden Secretary	99 Fosdyke Street	, Providence, RI 02906
Dr. Gerald Groo	len Treasurer	99 Fosdyke Street	, Providence, RI 02906
SEVENTH: Number	of Shares authorized:		Par Value
No. of Shares	Class	Series	or statement that shares are without
1000	common		no par value
Еіднтн: Number o	f Shares issued:	PARIS	Par Value
No. of Shares	Class	IAR 21 loon	or statement that shares are without par value
100	common	TY DIE STAAT	no par value
Dated February		NETWORK INC.	
٠	` Ву.	Queseloa	len
(Report must be signed at 1705	gned by an officer) Titl	e President	