



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

AMENDED



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. 17150
2. Name of Corporation West View Nursing Home, Inc.
3. Street Address Principal Business Office 239 Legris Avenue City West Warwick State RI Zip 02893
4. Business Phone No. 401-828-9000 5. State of Incorporation Rhode Island 6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island Nursing Home Facility and Related Health Care Services

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

President Name			Vice President Name		
Thomas F. Guerra			Thomas F. Guerra		
Street Address			Street Address		
235 Promenade Street			235 Promenade Street		
City	State	Zip	City	State	Zip
Providence	RI	02908	Providence	RI	02908
Secretary Name			Treasurer Name		
Sandra Matrone Mack			Thomas F. Guerra		
Street Address			Street Address		
1500 Fleet Center			235 Promenade Street		
City	State	Zip	City	State	Zip
Providence	RI	02903	Providence	RI	02908

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

Director Name			Director Name		
Thomas F. Guerra					
Street Address			Street Address		
235 Promenade Street					
City	State	Zip	City	State	Zip
Providence	RI	02908			
Director Name			Director Name		
Street Address			Street Address		
City			City		
State	Zip	State	Zip	State	Zip

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
500	common stock	\$100.00

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
300.00	Common Stock	\$100.00

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

FILED

File Date: JUL 10 2002
Check No.: By [Signature] 3
By: _____

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] 7/9/02
Signature of Officer Date
Sandra Matrone Mack
Print or Type Name of Officer
Secretary
Title of Officer