



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

Corporations Divisi
100 North Main Str
Providence, RI 02903-13
401.222.30

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 133251		2. Exact name of the limited liability company The Center for Treatment and Recovery, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TREATMENT FOR DRUG ADDICTION	
5. Principal office address 203 CONCORD ST., SUITE 463		City PAWUCKET	State RI
		Zip 02860	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name WENDY M. LOCKER		Contact Title PRESIDENT	
Street Address 203 CONCORD ST., SUITE 463		City PAWUCKET	State RI
		Zip 02860	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manag. LLC HAS ELECTED TO BE MANAGED BY ITS MEMBERS — NO MGRS. LISTED			
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name WILLIAM ELIAS GEORGE, ESQ.		Address	
Address 82 AUSTIN AVENUE		City GREENVILLE	Zip 02828

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



File Date	11-08-05
Check No.	1096
By:	UP
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this repo
including any accompanying schedules and statements, and that all statemen
contained herein are true and correct.

William E. George 9-16-05
Signature of Authorized Person Date
WILLIAM E. GEORGE
Print or Type Name of Authorized Person



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 02903-13
401.222.30

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 133251		2. Exact name of the limited liability company The Center for Treatment and Recovery, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TREATMENT FOR DRUG ADDICTION	
5. Principal office address 203 CONCORD ST., SUITE 233		City PAWTUCKET	State R.I.
		Zip 02860	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name WILLIAM A. GREENE, JR.		Contact Title	
Street Address 203, CONCORD ST., SUITE 233		City PAWTUCKET	State R I
		Zip 02860	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name WILLIAM A. GREENE, JR.		Manager Name WENDY M. LOOKER	
Street Address 203 CONCORD ST., SUITE 233		Street Address 203 CONCORD ST., SUITE 233	
City PAWTUCKET	State R I	City PAWTUCKET	State R I
Zip 02860		Zip 02860	
Manager Name MADELINE R. ALMONTE		Manager Name MICHELLE DAVID	
Street Address 203 CONCORD ST., SUITE 233		Street Address 203 CONCORD ST., SUITE 233	
City PAWTUCKET	State R I	City PAWTUCKET	State R I
Zip 02860		Zip 02860	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name WILLIAM ELIAS GEORGE, ESQ.		Address	
Address 82 AUSTIN AVENUE		City GREENVILLE	Zip 02828-

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



* 1 3 3 2 5 1 *

File Date 10/20/04

Check No. 1521

By: W.

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 statement contained herein are true and correct.

Signature of Authorized Person 10.04.04
Date

William A. Greene Jr Treasurer
Print or Type Name of Authorized Person