

FILED

MAR 26 2020



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

BY 75745 PS

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2020**

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>64603</b>		2. Exact name of the Corporation <b>Silver Spring Healthcare Management, Inc.</b>			
3. Principal office address <b>100 Kenyon Avenue</b>			City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>
4. Business Phone No. <b>401-782-8000</b>			5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Healthcare management.</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Aaron S. Robinson</b>			Vice-President Name <b>Thomas Breen</b>		
Street Address <b>100 Kenyon Avenue</b>			Street Address <b>100 Kenyon Avenue</b>		
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>
Secretary Name <b>Betty Rambur</b>			Treasurer Name <b>Victoria Wicks</b>		
Street Address <b>111 Buena Vista Drive</b>			Street Address <b>P.O. Box 288</b>		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	1.00

*This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.*

File Date \_\_\_\_\_  
Check No \_\_\_\_\_  
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 true and correct.

Aaron S. Robinson  
Signature of Authorized Representative  
**Aaron S. Robinson, President & CEO**  
Print or Type Name of Authorized Representative

3/16/20  
Date