



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 IN BLACK)

| | | | | | |
|---|-------------|---|--------------------------------------|---|---------------------|
| 1. Corporate ID No. 1961 | | 2. Name of Corporation GRACE BARKER NURSING CENTER, INC. | | | |
| 3. Street Address Principal Business Office 54 BARKER AVENUE | | | City WARREN | State RI | Zip 02885 |
| 4. Business Phone No. 4012459100 | | 5. State of Incorporation RHODE ISLAND | | | 6. SIC Code 9472 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island OPERATE A NURSING HOME BUSINESS | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Mary Elizabeth Lescault | | | Vice President Name Mark Lescault | | |
| Street Address 54 Barker Avenue | | | Street Address 54 Barker Avenue | | |
| City Warren | State RI | Zip 02885 | City Warren | State RI | Zip 02885 |
| Secretary Name Mark Lescault | | | Treasurer Name John S. Machado | | |
| Street Address 54 Barker Avenue | | | Street Address 54 Barker Avenue | | |
| City Warren | State RI | Zip 02885 | City Warren | State RI | Zip 02885 |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name NONE | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES | | | | | |
| Number of Shares | | Class/Series | Par Value | 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES | |
| 200 COMM NO PAR VALUE | | | | Number of Shares | Class/Series |
| | | | | 200 | Common |
| | | | | | Par Value |
| | | | | | \$1.00 |

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



1 9 6 1

File Date 1/28/05
Check No. 013634
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 statements contained herein are true and correct.

Mark Lescault 12/31/04
Signature of Officer Date
Mark Lescault
Print or Type Name of Officer
Vice-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

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

(FORM MUST BE TYPED IN BLACK)

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|---|-------------|---|--------------------------------------|---|---------------------|
| 1. Corporate ID No. 1961 | | 2. Name of Corporation GRACE BARKER NURSING CENTER, INC. | | | |
| 3. Street Address Principal Business Office 54 BARKER AVENUE | | | City WARREN | State RI | Zip 02885 |
| 4. Business Phone No. 4012459100 | | 5. State of Incorporation RHODE ISLAND | | | 6. SIC Code 9472 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island OPERATE A NURSING HOME BUSINESS | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Mary Elizabeth Lescault | | | Vice President Name Mark Lescault | | |
| Street Address 54 Barker Avenue | | | Street Address 54 Barker Avenue | | |
| City Warren | State RI | Zip 02885 | City Warren | State RI | Zip 02885 |
| Secretary Name Mark Lescault | | | Treasurer Name John S. Machado | | |
| Street Address 54 Barker Avenue | | | Street Address 54 Barker Avenue | | |
| City Warren | State RI | Zip 02885 | City Warren | State RI | Zip 02885 |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name NONE | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES | | | | | |
| Number of Shares | | Class/Series | Par Value | 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES | |
| 200 COMM NO PAR VALUE | | | | Number of Shares | Class/Series |
| | | | | 200 | Common |
| | | | | | No Par Value |

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



1 9 6 1

FILED

File Date: **FEB 27 2004**

Check No. **By: m22048**

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.

Mark Lescault 2/10/04
Signature of Officer Date

Mark Lescault
Print or Type Name of Officer

Vice-President
Title of Officer



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. **1961** 2. Name of Corporation **GRACE BARKER NURSING CENTER, INC.**

1. Street Address Principal Business Office **54 Barker Avenue** City **Warren** State **RI** Zip **02885**

1. Business Phone No. **(401) 245-9100** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9472**

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

Operate a nursing home business

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

| | |
|--|--|
| President Name Linda C. Machado | Vice President Name Mark Lescault and Mary Beth Lescault |
| Street Address 54 Barker Avenue | Street Address 54 Barker Avenue |
| City Warren State RI Zip 02885 | City Warren State RI Zip 02885 |
| Secretary Name Mark Lescault | Treasurer Name John S. Machado |
| Street Address 54 Barker Avenue | Street Address 54 Barker Avenue |
| City Warren State RI Zip 02885 | City Warren State RI Zip 02885 |

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

| | |
|------------------------------|-------------------|
| Director Name NONE | Director Name |
| Street Address | Street Address |
| City State Zip | City State Zip |
| 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 |
|------------------|--------------------------|-----------|
| 200 | COMM NO PAR VALUE | |

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

ISSUED SHARES

| Number of Shares | Class/Series | Par Value |
|------------------|---------------|---------------------|
| 200 | Common | No Par Value |

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



* 1 9 6 1 *

FILED

File Date: _____

Check No.: **1 SEP 30 2003**

By: **M7495**

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.

Mark Lescault 9/5/03
Signature of Officer Date

Mark Lescault
Print or Type Name of Officer

Vice-President
Title of Officer



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. **1961** 2. Name of Corporation **GRACE BARKER NURSING CENTER, INC.**
3. Street Address Principal Business Office **54 Barker Avenue** City **Warren** State **RI** Zip **02885**
4. Business Phone No. **(401) 245-9100** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9472**
7. Brief Description of the Character of Business Conducted in Rhode Island
Operate a nursing home business

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

| | |
|---|--|
| President Name Linda C. Machado Street Address 54 Barker Avenue City Warren State RI Zip 02885 | Vice President Name Mary Beth Lescault Mark Lescault Street Address 54 Barker Avenue City Warren State RI Zip 02885 |
| Secretary Name Mark Lescault Street Address 54 Barker Avenue City Warren State RI Zip 02885 | Treasurer Name John S. Machado Street Address 54 Barker Avenue City Warren State RI Zip 02885 |

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

| | |
|--|---|
| Director Name NONE Street Address City State Zip | Director Name Street Address City State Zip |
| Director Name Street Address City State Zip | Director Name Street Address City State Zip |

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

| AUTHORIZED SHARES | Number of Shares | Class/Series | Par Value |
|-------------------|------------------------------|--------------|-----------|
| | 200 COMM NO PAR VALUE | | |

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

| ISSUED SHARES | Number of Shares | Class/Series | Par Value |
|---------------|------------------|---------------|---------------------|
| | 200 | Common | No Par Value |

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



* 1 9 6 1 *

File Date: JAN 24 2002
Check No.: 008802
By: [Signature]

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: Mark Lescault Date: 1/15/02
Print or Type Name of Officer: Mark Lescault
Title of Officer: Vice-President



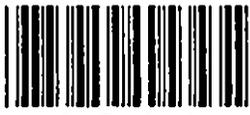
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

| | | | |
|---|--|--|----------------------------|
| 1. Corporate ID No. 1961 | | 2. Name of Corporation GRACE BARKER NURSING CENTER, INC. | |
| 3. Street Address Principal Business Office 54 Barker Avenue | | City Warren | State RI |
| | | Zip 02885 | |
| 4. Business Phone No. (401) 245-9100 | 5. State of Incorporation RHODE ISLAND | | 6. SIC Code 9472 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island operate a nursing home business | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS | | | |
| President Name Linda C. Machado | | Vice President Name Mary Beth Lescault | |
| Street Address 54 Barker Avenue | | Street Address 54 Barker Avenue | |
| City Warren | State RI | City Warren | State RI |
| Zip 02885 | | Zip 02885 | |
| Secretary Name Norman Jay Bolotow | | Treasurer Name John S. Machado | |
| Street Address 99 Wayland Avenue | | Street Address 54 Barker Avenue | |
| City Providence | State RI | City Warren | State RI |
| Zip 02906 | | Zip 02885 | |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS | | | |
| Director Name none | | XXXXXX Vice President Mark Lescault | |
| Street Address | | Street Address 54 Barker Avenue | |
| City | State | City Warren | State RI |
| Zip 02885 | | Zip 02885 | |
| Director Name | | XXXXXX Asst. Sec. Noella M. Hayward | |
| Street Address | | Street Address 54 Barker Avenue | |
| City | State | City Warren | State RI |
| Zip 02885 | | Zip 02885 | |
| 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) | | 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) | |
| AUTHORIZED SHARES | | ISSUED SHARES | |
| Number of Shares | Class/Series | Number of Shares | Class/Series |
| 200 SHS NO PAR COM | | 200 | Common |
| | Par Value | | Par Value |
| | | | No Par |

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



* 1 9 6 1 *

File Date: 2/9
Check No: 7286
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.

Linda C. Machado 1/31/2001
Signature of Officer Date
LINDA C. MACHADO
Print or Type Name of Officer
PRESIDENT
Title of Officer

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. 1961 | | 2. Name of Corporation GRACE BARKER NURSING CENTER, INC. | | | |
| 3. Street Address Principal Business Office 54 Barker Avenue | | City Warren | State RI | | |
| 4. Business Phone No. (401) 245-9100 | | 5. State of Incorporation RHODE ISLAND | 6. SIC Code 9472 | | |
| 7. Brief Description of the Character of Business Conducted in Rhode Island operate a nursing home business | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Linda C. Machado | | Vice President Name Mary Beth Lescault | | | |
| Street Address 54 Barker Avenue | | Street Address 54 Barker Avenue | | | |
| City Warren | State RI | Zip 02885 | City Warren | | |
| State RI | Zip 02885 | City Warren | State RI | | |
| Secretary Name Norman Jay Bolotow | Treasurer Name John S. Machado | | | | |
| Street Address 99 Wayland Avenue | Street Address 54 Barker Avenue | | | | |
| City Providence | State RI | Zip 02906 | City Warren | | |
| State RI | Zip 02906 | City Warren | State RI | | |
| City Providence | State RI | Zip 02906 | City Warren | | |
| State RI | Zip 02906 | City Warren | State RI | | |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name None | | 2000000 Vice President Mark Lescault | | | |
| Street Address | | Street Address 54 Barker Avenue | | | |
| City | State | Zip | City Warren | | |
| State RI | Zip 02885 | City Warren | State RI | | |
| City Warren | State RI | Zip 02885 | City Warren | | |
| State RI | Zip 02885 | City Warren | State RI | | |
| 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 |
| 200 SHS NO PAR COM | | | 200 | Common | No Par |

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



* 1 9 6 1 *

File Date: 2/17/00
Check No.: 5728
By: [Signature]

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.

Linda C. Machado
Signature of Officer
LINDA C. MACHADO 1/28/00
Date
PRESIDENT
Title of Officer

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. 1981 | | 2. Name of Corporation GRACE BARKER NURSING CENTER, INC. | | | |
| 3. Street Address Principal Business Office 54 Barker Avenue | | City Warren | State RI | Zip 02885 | |
| 4. Business Phone No. (401) 245-9100 | | 5. State of Incorporation RHODE ISLAND | | 6. SIC Code 9472 | |
| 7. Brief Description of the Character of Business Conducted in Rhode Island operate a nursing home business | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) (FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Linda C. Machado | | | Vice President Name Mary Beth Lescault | | |
| Street Address 54 Barker Avenue | | | Street Address 54 Barker Avenue | | |
| City Warren | State RI | Zip 02885 | City Warren | State RI | Zip 02885 |
| Secretary Name Norman Jay Bolotow | | | Treasurer Name John S. Machado | | |
| Street Address 99 Wayland Avenue | | | Street Address 54 Barker Avenue | | |
| City Providence | State RI | Zip 02906 | City Warren | State RI | Zip 02885 |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) (FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name None | | | Vice President Mark Lescault | | |
| Street Address | | | Street Address 54 Barker Avenue | | |
| City | State | Zip | City Warren | State RI | Zip 02885 |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) | | | 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) | | |
| AUTHORIZED SHARES | | | ISSUED SHARES | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 200 SHS NO PAR COM | | | 200 | Common | No Par |

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



* 1 9 6 1 *

File Date: Jan 19, 99
Check No.: 003994
By: LD

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.

66. 113
Signature of Officer: Linda C. Machado 1/8/99
Date
Print or Type Name of Officer: L. C. MACHADO
Title of Officer: President



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. **1981** 2. Name of Corporation **GRACE BARKER NURSING CENTER, INC.**
3. Street Address Principal Business Office **54 Barker Avenue** City **Warren** State **RI** Zip **02885**
4. Business Phone No. **(401) 245-9100** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9472**

7. Brief Description of the Character of Business Conducted in Rhode Island
operate a nursing home business

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

| | |
|---|---|
| President Name Linda C. Machado Street Address 54 Barker Avenue City Warren State RI Zip 02885 | Vice President Name Mary Elizabeth Lescault Street Address 54 Barker Avenue City Warren State RI Zip 02885 |
| Secretary Name Norman Jay Bolotow Street Address 189 Canal Street City Providence State RI Zip 02903 | Treasurer Name John S. Machado Street Address 54 Barker Avenue City Warren State RI Zip 02885 |

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

| | |
|--|--|
| Director Name None Street Address City _____ State _____ Zip _____ | XXXXXXXXXX Vice President Mark Lescault Street Address 54 Barker Avenue City Warren State RI Zip 02885 |
| Director Name Street Address City _____ State _____ Zip _____ | Director Name Street Address City _____ State _____ Zip _____ |

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

| AUTHORIZED SHARES | Class/Series | Par Value |
|---------------------------|--------------|-----------|
| 200 SHS NO PAR COM | | |

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

| ISSUED SHARES | Class/Series | Par Value |
|---------------|---------------|---------------|
| 200 | Common | No Par |

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



File Date: 2.7.98
Check No.: 2301
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.

Linda C. Machado / 2/22/98
Signature of Officer Date
LINDA C. MACHADO
Print or Type Name of Officer
PRESIDENT
Title of Officer



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. **1961** 2. Name of Corporation **GRACE BARKER NURSING CENTER, INC.**
3. Street Address Principal Business Office **54 Barker Avenue** City **Warren** State **RI** Zip **02885**
4. Business Phone No. **(401) 245-9100** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9472**

7. Brief Description of the Character of Business Conducted in Rhode Island
To operate a nursing home business

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

| | |
|--|--|
| President Name Linda C. Machado | Vice President Name Mary Beth Lescault |
| Street Address 54 Barker Avenue | Street Address 54 Barker Avenue |
| City State Zip Warren RI 02885 | City State Zip Warren RI 02885 |
| Secretary Name Norman Jay Bolotow | Treasurer Name John S. Machado |
| Street Address 189 Canal Street | Street Address 54 Barker Avenue |
| City State Zip Providence RI 02903 | City State Zip Warren RI 02885 |

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

| | |
|------------------------------|--|
| Director Name None | XXXXXX Vice President Mark Lescault |
| Street Address | Street Address 54 Barker Avenue |
| City State Zip | City State Zip Warren, RI 02885 |
| Director Name | Director Name |
| Street Address | Street Address |
| City State Zip | City State Zip |

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

| AUTHORIZED SHARES | | | ISSUED SHARES | | |
|-------------------|-------------------|-----------|------------------|---------------|---------------|
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 600 SHS | NO PAR COM | | 600 | Common | No Par |

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



File Date: 1/24/97
Check No.: 4438
By: gib

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.

Linda C. Machado 1/15/97
Signature of Officer Date
LINDA C. MACHADO
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. 1961 | | 2. NAME OF CORPORATION GRACE BARKER NURSING CENTER, INC. | | | |
| 3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 54 Barker Avenue | | | CITY Warren | STATE RI | ZIP CODE 02885 |
| 4. BUSINESS PHONE NO. (401) 245-9100 | | 5. STATE OF INCORPORATION RHODE ISLAND | | 6. SIC CODE 9472 | |
| 7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND To operate a nursing home business | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS | | | | | |
| PRESIDENT NAME Linda C. Machado | | | VICE PRESIDENT NAME Mary Beth Lescault | | |
| STREET ADDRESS 54 Barker Avenue | | | STREET ADDRESS 54 Barker Avenue | | |
| CITY Warren | STATE RI | ZIP CODE 02885 | CITY Warren | STATE RI | ZIP CODE 02885 |
| SECRETARY NAME Norman Jay Bolotow | | | TREASURER NAME John S. Machado | | |
| STREET ADDRESS 189 Canal Street | | | STREET ADDRESS 54 Barker Avenue | | |
| CITY Providence | STATE RI | ZIP CODE 02903 | CITY Warren | STATE RI | ZIP CODE 02885 |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS | | | | | |
| DIRECTOR NAME None | | | DIRECTOR NAME Asst. Secretary | | |
| STREET ADDRESS | | | STREET ADDRESS 54 Barker Avenue | | |
| CITY | STATE | ZIP CODE | CITY Warren | STATE RI | ZIP CODE 02885 |
| 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 |
| 600 SHS | NO PAR COM | | 600 | Common | No Par |

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date:

1/18/96

Check No:

003087

By:

cc

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.

Linda C. Machado (Signature)
Signature of Officer

Linda C. Machado
Print or Type Name of Officer

President
Title of Officer

1/16/96
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.

Corporate ID: 0001961 Annual Report for the year: 1995

Name of Corporation: Grace Barker Nursing Center, Inc. f/k/a Grace Barker Nursing Home, Inc.

Business entity organized under the laws of the State of: RI

Business Entity Is (check one)

Business Corporation (See RIGL Chapter 7-1.1)

Professional Service Corporation (See RIGL Chapter 7-5.1)

For foreign entity, address and telephone number of Principal Office:

Brief statement of the character of business conducted in Rhode Island:

To operate a nursing home business

Phone: ()

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

54 Barker Avenue
Warren, RI 02885

Phone: (401) 245-9100

THE NAMES OF THE OFFICERS ARE:

| PRESIDENT | STREET ADDRESS | CITY/STATE | ZIP CODE |
|---------------------------|---|--------------|--------------|
| <u>Linda C. Machado</u> | <u>54 Barker Avenue, Warren, RI</u> | <u>02885</u> | <u>02885</u> |
| VICE PRESIDENT | STREET ADDRESS | CITY/STATE | ZIP CODE |
| <u>Mary Beth Machado</u> | <u>54 Barker Avenue, Warren, RI</u> | <u>02885</u> | <u>02885</u> |
| SECRETARY | STREET ADDRESS | CITY/STATE | ZIP CODE |
| <u>Norman Jay Bolotow</u> | <u>189 Canal Street, Providence, RI</u> | <u>02903</u> | <u>02903</u> |
| TREASURER | STREET ADDRESS | CITY/STATE | ZIP CODE |
| <u>John S. Machado</u> | <u>54 Barker Avenue, Warren, RI</u> | <u>02885</u> | <u>02885</u> |

THE NAMES OF THE DIRECTORS ARE:

| NAME | STREET ADDRESS | CITY/STATE | ZIP CODE |
|-------------|----------------|------------|----------|
| <u>NONE</u> | | | |
| NAME | STREET ADDRESS | CITY/STATE | ZIP CODE |
| | | | |
| 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>600</u> | <u>Common/no par</u> | <u>600</u> | <u>Common/no par</u> |

Date 3/14, 19 95

By: Linda C. Machado
LINDA C. MACHADO
 PRINT OR TYPE NAME OF OFFICER SIGNING
President
 TITLE OF OFFICER SIGNING

DESIGNATED REGISTERED AGENT FOR SERVICE OR PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

NORMAN JAY BOLOTOW
 189 CANAL STREET
 PROVIDENCE, RI 02903

FILED

MAR 17 1995

By: [Signature] 1834

Filing Fee \$50
Payable to:
Secretary of State

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

Corporate ID: 0001961 Annual Report for the year: 1994
Name of Business Entity: GRACE BARKER NURSING HOME, INC.

Business entity organized under the laws of the State of: RI
Federal Taxpayer Identification Number: _____
For foreign entity, address and telephone number of principal office:

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)

Phone: () _____

Name, title and mailing address of contact person to whom communications may be directed:
Norman Jay Bolotow, Attorney
189 Canal Street
Providence, RI 02903

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

Brief statement of the character of business conducted in Rhode Island:
to operate a nursing home business

54 Barker Avenue
Warren, RI 02885

Phone: (401) 245-9100

Date of Organization: 11-14-66
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) Street Address City/State Zip Code

Linda C. Machado 54 Barker Avenue, Warren, RI 02885

CHIEF OPERATING OFFICER OR VICE PRESIDENT (Check One) Street Address City/State Zip Code

CUSTODIAN OF RECORDS OR SECRETARY (Check One) Street Address City/State Zip Code

Norman Jay Bolotow 189 Canal Street, Providence, RI 02903

CHIEF FINANCIAL OFFICER OR TREASURER (Check One) Street Address City/State Zip Code

John S. Machado 54 Barker Avenue, Warren, RI 02885

THE NAMES OF THE DIRECTORS ARE:

Name Street Address City/State Zip Code

Name NONE Street Address City/State Zip Code

Name Street Address City/State Zip Code

NUMBER OF SHARES AUTHORIZED (if Applicable) NUMBER OF SHARES ISSUED AND OUTSTANDING (if Applicable)

NUMBER 600 NUMBER 600

CLASS Common CLASS Common

SERIES SERIES

PAR VALUE OR WITHOUT PAR No par value PAR VALUE OR WITHOUT PAR No par value

Date March 15, 19 94 By: Linda C. Machado

Linda C. Machado

Print or Type Name of Officer Signing

President
Title of Officer Signing

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered agent, For 9 or Form LLC 3 must be filed.

NORMAN JAY BOLOTOW
189 CANAL STREET
PROVIDENCE, RI 02903

FILED

MAR 21 1994

By RM/29

2117

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, RI 02903

Corporate ID 0001961

Annual Report for the year 1993

FIRST: The name of the corporation is GRACE BARKER NURSING HOME, INC.

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

THIRD: Character of business, briefly stated, is to operate a nursing home business.

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

FIFTH: Business address in Rhode Island 54 Barker Avenue, Warren, Rhode Island 02885

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

| Name | Office | Address (include number, street and zip code) |
|---------------------------|----------------|---|
| _____ | Director | _____ |
| _____ | Director | _____ |
| _____ | Director | _____ |
| <u>Linda C. Machado</u> | President | <u>54 Barker Avenue, Warren, RI 02885</u> |
| <u>James Moniz</u> | Vice President | <u>28 Middle Street, Warren, RI 02885</u> |
| <u>Norman Jay Bolotow</u> | Secretary | <u>189 Canal Street, Prov., RI 02903</u> |
| <u>John S. Machado</u> | Treasurer | <u>54 Barker Avenue, Warren, RI 02885</u> |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|--|
| 600 | Common | | no par value |

EIGHTH: Number of Shares issued:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|--|
| 600 | Common | | no par value |

Can 18956
Rec'd & Filed MAY 12 1993

Dated March 22, 1993

GRACE BARKER NURSING HOME, INC.
(Name of Corporation)

(Report must be signed by an officer)

By: Linda C. Machado
Title President

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, RI 02903

Corporate ID 0001961

Annual Report for the year 1992

FIRST: The name of the corporation is GRACE BARKER NURSING HOME, INC.

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

THIRD: Character of business, briefly stated, is to operate a nursing home business.

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

FIFTH: Business address in Rhode Island 54 Barker Avenue, Warren, Rhode Island 02885

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

| Name | Office | Address (include number, street and zip code) |
|--------------------|----------------|---|
| _____ | Director | _____ |
| _____ | Director | _____ |
| _____ | Director | _____ |
| Linda C. Machado | President | 54 Barker Avenue, Warren, RI 02885 |
| James Moniz | Vice President | 28 Middle Street, Warren, RI 02885 |
| Norman Jay Bolotow | Secretary | 189 Canal Street, Prov., RI 02903 |
| John S. Machado | Treasurer | 54 Barker Avenue, Warren, RI 02885 |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|--|
| 600 | Common | | no par value |

EIGHTH: Number of Shares issued:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|--|
| 600 | Common | | no par value |

PLP #14 17132

PAID

MAR 27 1992

SECY OF STATE

Dated 3/23, 1992

GRACE BARKER NURSING HOME, INC.

(Name of Corporation)

(Report must be signed by an officer)

By: Linda C. Machado

Title President

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, RI 02903

Corporate ID 0001961

Annual Report for the year 1991

FIRST: The name of the corporation is GRACE BARKER NURSING HOME, INC.

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

THIRD: Character of business, briefly stated, is to operate a nursing home business.

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

FIFTH: Business address in Rhode Island 54 Barker Avenue, Warren, Rhode Island 02885

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

| <u>Name</u> | <u>Office</u> | <u>Address (include number, street and zip code)</u> |
|---------------------------|----------------|--|
| _____ | Director | _____ |
| _____ | Director | _____ |
| _____ | Director | _____ |
| <u>Linda C. Machado</u> | President | <u>54 Barker Avenue, Warren, RI 02885</u> |
| <u>James Moniz</u> | Vice President | <u>28 Middle Street, Warren, RI 02885</u> |
| <u>Norman Jay Bolotow</u> | Secretary | <u>111 Wayland Avenue, Prov., RI 02906</u> |
| <u>John S. Machado</u> | Treasurer | <u>54 Barker Avenue, Warren, RI 02885</u> |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|---|
| 600 | Common | | no par value |

EIGHTH: Number of Shares issued:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|---|
| 600 | Common | | no par value |

PAID

APR 04 1991

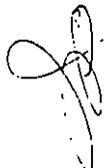
SECY OF STATE

Dated March 28, 1991

GRACE BARKER NURSING HOME, INC.
(Name of Corporation)

(Report must be signed by an officer)

By: John S. Machado
Title Treasurer



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, RI 02903

Corporate ID 0001961 Annual Report for the year 1990

FIRST: The name of the corporation is GRACE BARKER NURSING HOME, INC.

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

THIRD: Character of business, briefly stated, is to operate a nursing home business

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

FIFTH: Business address in Rhode Island 54 Barker Avenue, Warren, Rhode Island 02885

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

| Name | Office | Address (include number, street and zip code) |
|---------------------------|----------------|---|
| _____ | Director | _____ |
| _____ | Director | _____ |
| _____ | Director | _____ |
| <u>Linda C. Machado</u> | President | <u>51 Barker Avenue, Warren, RI 02885</u> |
| <u>James Moniz</u> | Vice President | <u>28 Middle Street, Warren, RI 02885</u> |
| <u>Norman Jay Bolotow</u> | Secretary | <u>111 Wayland Avenue, Prov., RI 02906</u> |
| <u>John S. Machado</u> | Treasurer | <u>51 Barker Avenue, Warren, RI 02885</u> |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|--|
| 600 | Common | | no par value |

EIGHTH: Number of Shares issued:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|--|
| 600 | Common | | no par value |

Dated 3/2, 1990

GRACE BARKER NURSING HOME, INC.
(Name of Corporation)

(Report must be signed by an officer)

By: Linda C Machado
Title President

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, RI 02903

CF

Corporate ID 0001961

Annual Report for the year 1989

FIRST: The name of the corporation is GRACE BARKER NURSING HOME, INC.

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

THIRD: Character of business, briefly stated, is to operate a nursing home business

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

FIFTH: Business address in Rhode Island 54 Barker Avenue, Warren, Rhode Island 02885

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

| Name | Office | Address (include number, street and zip code) |
|--------------------|----------------|---|
| _____ | Director | _____ |
| _____ | Director | _____ |
| _____ | Director | _____ |
| Linda C. Machado | President | 54 Barker Avenue, Warren, RI 02885 |
| James Moniz | Vice President | 28 Middle Street, Warren, RI 02885 |
| Norman Jay Bolotow | Secretary | 111 Wayland Avenue, Prov., RI 02906 |
| John S. Machado | Treasurer | 54 Barker Avenue, Warren, RI 02885 |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|--|
| 600 | Common | | no par value |

PAID

EIGHTH: Number of Shares issued: APR 17 1989

SECY OF STATE

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|--|
| 600 | Common | | no par value |

Dated April 3, 1989

GRACE BARKER NURSING HOME, INC.
(Name of Corporation)

(Report must be signed by an officer)

By: James Moniz
Title J.P.

Filing Fee \$15.00

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

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Corporations Division
270 Westminster Mall
Providence, Rhode Island 02903

Corporate ID 1961 Annual Report for the year 1988

FIRST: The name of the corporation is GRACE BARKER NURSING HOME, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is any lawful purpose or purposes
for operation of a nursing home

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 54 Barker Avenue, Warren, RI 02885

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

| Name | Office | Address (including number, street, zip code) |
|--------------------|----------------|---|
| | Director | |
| | Director | |
| | Director | |
| Linda C. Machado | President | 51 Barker Avenue, Warren, RI 02885 |
| James Moniz | Vice President | 28 Middle Street, Warren, RI 02885 |
| Norman Jay Bolotow | Secretary | 2300 Hospital Trust Tower, Providence, RI 02903 |
| John S. Machado | Treasurer | 51 Barker Avenue, Warren, RI 02885 |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|---|
| 600 | Common | | No Par Value |

PAID
APR 8 1988
SECY. OF STATE

EIGHTH: Number of Shares issued:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|---|
| 600 | Common | -- | No Par Value |

Rec'd & Filed APR 03 1988

Dated 3/18 19 88

GRACE BARKER NURSING HOME, INC.
(Name of Corporation)

(Report must be signed by an officer)

By Linda C. Machado
Title President

Filing Fee \$15.00

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

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Corporations Division
270 Westminister Mall
Providence, Rhode Island 02903

Corporate ID 1961 Annual Report for the year 1987

FIRST: The name of the corporation is GRACE BARKER NURSING HOME, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is any lawful purpose or purposes
for operation of a nursing home

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 54 Barker Avenue, Warren, RI 02885

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

| Name | Office | Address (including number, street, zip code) |
|--------------------|----------------|---|
| | Director | |
| | Director | |
| | Director | |
| Linda C. Machado | President | 51 Barker Avenue, Warren, RI 02885 |
| John S. Machado | Vice President | 51 Barker Avenue, Warren, RI 02885 |
| Norman Jay Bolotow | Secretary | 2300 Hospital Trust Tower, Providence, RI 02903 |
| John S. Machado | Treasurer | 51 Barker Avenue, Warren, RI 02885 |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|---|
| 600 | Common | -- | No Par Value |

EIGHTH: Number of Shares issued:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|---|
| 600 | Common | -- | No Par Value |

PAID
MAR 20 1987
SECY. OF STATE

MAY 11 1987

Dated 2/25 19 87

GRACE BARKER NURSING HOME, INC.
(Name of Corporation)

(Report must be signed by an officer)

By Linda C. Machado
Title President

Filing Fee \$15.00

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

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporations Division
270 Westminster Mall
Providence, Rhode Island 02903

Corporate ID 1961 Annual Report for the year 1986

FIRST: The name of the corporation is GRACE BARKER NURSING HOME, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is any lawful purpose or purposes
for operation of a nursing home

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 54 Barker Avenue, Warren, RI 02885

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

| Name | Office | Address (including number, street, zip code) |
|--------------------|----------------|---|
| | Director | |
| | Director | |
| | Director | |
| Linda C. Machado | President | 51 Barker Avenue, Warren, RI 02885 |
| John S. Machado | Vice President | 51 Barker Avenue, Warren, RI 02885 |
| Norman Jay Bolotow | Secretary | 2300 Hospital Trust Tower, Providence, RI 02903 |
| John S. Machado | Treasurer | 51 Barker Avenue, Warren, RI 02885 |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|---|
| 600 | Common | -- | No Par Value |

EIGHTH: Number of Shares issued: 13 1986

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|---|
| 600 | Common | | No Par Value |

PAID
MAY 13 1986
SECY. OF STATE

Dated 2/13 19 86

GRACE BARKER NURSING HOME, INC.
(Name of Corporation)

(Report must be signed by an officer)

By Linda C. Machado
Title President

Filing fee: \$15.00

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

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

1961

Annual Report for the year 1985

FIRST: The name of the corporation is GRACE BARKER NURSING HOME, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is any lawful purpose or purposes for operation of a nursing home

FOURTH: If foreign corporation, address of its principal office

N/A

FIFTH: Business address in Rhode Island

Business Address - 54 Barker Ave., Warren, RI 02885

Blank reports to-- Adler Pollock & Sheehan, 2300 Hospital Trust Tower Providence, RI 02903; Attn: Norman Jay Bolotow

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

| Name | Office | Address |
|--------------------|----------------|--------------------------------------|
| | Director | |
| | Director | |
| | Director | |
| Linda C. Machado | President | 51 Barker Avenue, Warren, RI |
| John S. Machado | Vice President | Same |
| Norman Jay Bolotow | Secretary | 2300 Hospital Trust Tower, Prov., RI |
| John S. Machado | Treasurer | 51 Barker Avenue, Warren, RI |

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|--|
| 600 | Common | -- | No Par Value |

EIGHTH: Number of Shares issued:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|--|
| 600 | Common | -- | No Par Value |

Dated: 2/22 1985

GRACE BARKER NURSING HOME, INC.

(Name of Corporation)

By Linda C. Machado

Title President

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

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

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1983

FIRST: The name of the corporation is GRACE BARKER NURSING HOME, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is any lawful purpose or purposes for operation of a nursing home

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) Blank reports - Adler Pollock & Sheehan, 2300 Hospital Trust Tower, Providence, RI 02903 Attn: Norman Jay Bolotow

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

| Name | Office | Address |
|--------------------|----------------|--------------------------------------|
| | Director | |
| | Director | |
| | Director | |
| Linda C. Machado | President | 51 Barker Ave., Warren, RI |
| John S. Machado | Vice President | Same |
| Norman Jay Bolotow | Secretary | 2300 Hospital Trust Tower, Prov., RI |
| John S. Machado | Treasurer | 51 Barker Ave., Warren, RI |

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|--|
| 600 | Common | -- | No par value |

EIGHTH: Number of Shares issued:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|--|
| 600 | Common | 12783 | No par value |

Dated: 1/25 19 83

GRACE BARKER NURSING HOME, INC.

(Name of Corporation)

By Linda C. Machado

Title President

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

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

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1982

FIRST: The name of the corporation is GRACE BARKER NURSING HOME, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is any lawful purpose or purposes for operation of a nursing home

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) Blank reports to Adler Pollock & Sheehan Incorporated, 2300 Hospital Trust Tower, Providence, RI 02903 Attn: Norman J. Bolotow

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

| Name | Office | Address |
|-------------------|----------------|--------------------------------------|
| | Director | |
| | Director | |
| | Director | |
| Linda C. Machado | President | 51 Barker Ave., Warren, RI |
| John S. Machado | Vice President | Same |
| Norman J. Bolotow | Secretary | 2300 Hospital Trust Tower, Prov., RI |
| John S. Machado | Treasurer | 51 Barker Ave., Warren, RI |

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|--|
| 600 | Common | -- | No par value |

EIGHTH: Number of Shares issued:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|--|
| 600 | Common | -- | No par value |

Dated: 1/25 19 82

GRACE BARKER NURSING HOME, INC.
(Name of Corporation)

By Linda C. Machado
Title President

(Report must be signed by an officer)
FEB 18 1982

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

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

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE
ANNUAL REPORT
OF

GRACE BARKER NURSING HOME, INC.

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is GRACE BARKER NURSING HOME, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is
2300 Hospital Trust Tower, Providence, RI 02903

and the name of its registered agent in Rhode Island at such address is
Norman Jay Bolotow

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is
N/A

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is any lawful purpose or purposes for operation of a nursing home.

SIXTH: The names and respective addresses of its directors and officers are:

| Name | Office | Address |
|--------------------|----------------|--------------------------------------|
| | Director | |
| Linda C. Machado | President | 51 Barker Ave., Warren, RI |
| John S. Machado | Vice President | Same |
| Norman Jay Bolotow | Secretary | 2300 Hospital Trust Tower, Prov., RI |
| John S. Machado | Treasurer | Same as above |

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

| Number of Shares | Class | Series | Par Value per Share or Statement that Shares are without Par Value |
|------------------|--------|---------------|--|
| 600 | Common | 1 21 E1 | No par value |

4724D14...150081

JAN 21 1981
HP

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

| <u>Number of Shares</u> | <u>Class</u> | <u>Series</u> | <u>Par Value per Share or Statement that Shares are without Par Value</u> |
|-------------------------|--------------|---------------|---|
| 600 | Common | -- | No par value |

Dated *Jan. 19th*, 19 *81*

GRACE BARKER NURSING HOME, INC.

(NAME OF CORPORATION)

By *Linda P. Machado (President)*

Its

Filing fee: \$15.00

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

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

OF

GRACE BARKER NURSING HOME, INC.

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is Grace Barker Nursing Home, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is 2300 Hospital Trust Tower, Providence, RI 02903

and the name of its registered agent in Rhode Island at such address is Norman Jay Bolotow

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is N/A

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is any lawful purpose or purposes for operation of a nursing home.

SIXTH: The names and respective addresses of its directors and officers are:

| Name | Office | Address |
|--------------------|----------------|--------------------------------------|
| | Director | |
| Linda C. Machado | President | 51 Barker Ave., Warren, RI |
| John S. Machado | Vice President | 51 Barker Ave., Warren, RI |
| Norman Jay Bolotow | Secretary | 2300 Hospital Trust Tower, Prov., RI |
| John S. Machado | Treasurer | 51 Barker Ave., Warren, RI |

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

| Number of Shares | Class | Series | Par Value per Share or Statement that Shares are without Par Value |
|------------------|--------|--------|--|
| 600 | Common | CS | No par value |

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JAN 24 1980
BB

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

| <u>Number of Shares</u> | <u>Class</u> | <u>Series</u> | <u>Par Value per Share or Statement that Shares are without Par Value</u> |
|-------------------------|--------------|---------------|---|
| 600 | Common | -- | No Par Value |

Dated 1/11, 1980

GRACE BARKER NURSING HOME, INC.

(NAME OF CORPORATION)

By *Linda C. Machado R. Adm. Officer*
Its *President*

Filing fee: \$15.00

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

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

OF

GRACE BARKER NURSING HOME, INC.

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is GRACE BARKER NURSING HOME, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: The address of its registered office in Rhode Island is 2300 Hospital Trust Tower, Providence, RI 02903 and the name of its registered agent in Rhode Island at such address is Norman Jay Bolotow

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is Not applicable

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is any lawful purpose or purposes for operation of a nursing home

SIXTH: The names and respective addresses of its directors and officers are:

| Name | Office | Address |
|--------------------|----------------|--------------------------------------|
| | Director | |
| Linda C. Machado | President | 51 Barker Ave., Warren, RI |
| John S. Machado | Vice President | 51 Barker Ave., Warren, RI |
| Norman Jay Bolotow | Secretary | 2300 Hospital Trust Tower, Prov., RI |
| John S. Machado | Treasurer | 51 Barker Ave., Warren, RI |

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

| Number of Shares | Class | Series | Par Value per Share or Statement that Shares are without Par Value |
|------------------|--------|--------|--|
| 600 | Common | 1 | No par value |

9925A14...1500
79

JAN 25 1979

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

| <u>Number of Shares</u> | <u>Class</u> | <u>Series</u> | <u>Par Value per Share or Statement that Shares are without Par Value</u> |
|-------------------------|--------------|---------------|---|
| 400 | Common | -- | No par value |

Dated *Jan 19*, 19 *79*

GRACE BARKER NURSING HOME, INC.
(NAME OF CORPORATION)

By *Linda C. Macheso*
Its *President*

Filing fee: \$15.00

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

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

OF

GRACE BARKER NURSING HOME, INC.

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is
GRACE BARKER NURSING HOME, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: The address of its registered office in Rhode Island is
2300 Hospital Trust Tower, Providence, Rhode Island

and the name of its registered agent in Rhode Island at such address is
Norman J. Bolotow, Esq.

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is
Not applicable

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is any lawful purpose or purposes for operation of
a nursing home

SIXTH: The names and respective addresses of its directors and officers are:

| Name | Office | Address |
|-------------------|----------------|--------------------------------------|
| | Director | |
| Linda C. Machado | President | 54 Barker Ave., Warren, RI |
| John S. Machado | Vice President | 54 Barker Ave., Warren, RI |
| Norman J. Bolotow | Secretary | 2300 Hospital Trust Tower, Prov., RI |
| John S. Machado | Treasurer | 54 Barker Avenue, Warren, RI |

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

| Number of Shares | Class | Series | Par Value per Share or Statement that Shares are without Par Value |
|------------------|--------|--------|--|
| 600 | common | -- | no par value |

15-24-11 023

FEB 14 1978

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

| <u>Number of Shares</u> | <u>Class</u> | <u>Series</u> | <u>Par Value per Share or Statement that Shares are without Par Value</u> |
|-------------------------|--------------|---------------|---|
| 400 | common | -- | no par value |

Dated 1/31, 19 78 GRACE BARKER NURSING HOME, INC.

(NAME OF CORPORATION)

By Linda C. Machado ✓
Its President

Filing fee: \$15.00

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

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

OF

GRACE BARKER NURSING HOME, INC.

Pursuant to the provisions of Section 7-1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is
GRACE BARKER NURSING HOME, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: The address of its registered office in Rhode Island is
2300 Hospital Trust Tower, Providence, Rhode Island

and the name of its registered agent in Rhode Island at such address is
Norman J. Bolotow, Esq.

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is
Not applicable

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is any lawful purpose or purposes for operation of a nursing home.

SIXTH: The names and respective addresses of its directors and officers are:

| Name | Office | Address |
|-------------------|----------------|--------------------------------------|
| | Director | |
| Linda C. Machado | President | 54 Barker Ave., Warren, RI |
| John S. Machado | Vice President | 54 Barker Ave., Warren, RI |
| Norman J. Bolotow | Secretary | 2300 Hospital Trust Tower, Prov., RI |
| John S. Machado | Treasurer | 54 Barker Avenue, Warren, RI |

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

| Number of Shares | Class | Series | Par Value per Share or Statement that Shares are without Par Value |
|------------------|--------|--------|--|
| 600 | common | -- | no par value |

MAR-2-77 15.00

MAR 2 1977
MR

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

| <u>Number of Shares</u> | <u>Class</u> | <u>Series</u> | <u>Par Value per Share or Statement that Shares are without Par Value</u> |
|-------------------------|--------------|---------------|---|
| 400 | common | -- | no par value |

Dated 2/22, 19 77

GRACE BARKER NURSING HOME, INC.
(NAME OF CORPORATION)

By Luiza C. Machado (President)
Its President

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

OF

..... GRACE BARKER NURSING HOME, INC.

Pursuant to the provisions of Section 7-1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is

..... GRACE BARKER NURSING HOME, INC.

SECOND: It is incorporated under the laws of .. RHODE ISLAND

THIRD: The address of its registered office in Rhode Island is

..... 2300 Hospital Trust Tower, Providence, R. I.

and the name of its registered agent in Rhode Island at such address is

..... NORMAN J. BOLOTOW, ESQ.

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

..... NOT APPLICABLE

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is any lawful purpose or purposes for operation of a nursing home.

SIXTH: The names and respective addresses of its directors and officers are:

| Name | Office | Address |
|-------------------|----------------|---|
| | Director | |
| LINDA C. MACHADO | President | 54 Barker Ave., Warren, R. I. |
| JOHN S. MACHADO | Vice President | 54 Barker Ave., Warren, R. I. |
| NORMAN J. BOLOTOW | Secretary | 2300 Hospital Trust Tower, Prov., R. I. |
| JOHN S. MACHADO | Treasurer | 54 Barker Ave., Warren, R. I. |

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

| Number of Shares | Class | Series | Par Value per Share or Statement that Shares are without Par Value |
|------------------|--------|--------|--|
| 600 | common | -- | no par value |

FEB 24 1976
J.P.

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

| <u>Number of Shares</u> | <u>Class</u> | <u>Series</u> | <u>Par Value per Share or Statement that Shares are without Par Value</u> |
|-------------------------|--------------|---------------|---|
| 400 | common | -- | no par value |

Dated 2/10, 1976

GRACE BARKER NURSING HOME, INC.
(NAME OF CORPORATION)

By Linda C. Machado
Its President

JUL 16-76 REC-97 STATE 21037 AR:aa**15.00

Filing fee: \$15.00

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

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

OF

GRACE BARKER NURSING HOME, INC.

Pursuant to the provisions of Section 7-1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is GRACE BARKER NURSING HOME, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is ...

One Hospital Trust Plaza, Providence, Rhode Island 02903

and the name of its registered agent in Rhode Island at such address is ...

Norman J. Bolotow

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is ...

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is nursing home

SIXTH: The names and respective addresses of its directors and officers are:

| Name | Office | Address |
|-------------------|----------------|---------------------------------------|
| | Director | |
| Linda C. Machado | President | 54 Barker Avenue, Warren, R. I. |
| John Machado | Vice President | 54 Barker Avenue, Warren, R. I. |
| Norman J. Bolotow | Secretary | One Hospital Trust Plaza, Prov., R.I. |
| John Machado | Treasurer | Same as Above |

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

| Number of Shares | Class | Series | Par Value per Share or Statement that Shares are without Par Value |
|------------------|--------|--------|--|
| 600 | Common | | No Par Value |

FEB 22 1975

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

| <u>Number of Shares</u> | <u>Class</u> | <u>Series</u> | <u>Par Value per Share or Statement that Shares are without Par Value</u> |
|-------------------------|--------------|---------------|---|
| 200 | Common | | No Par Value |

Dated 2/21/, 1975

GRACE BARKER NURSING HOME, INC.
(NAME OF CORPORATION)

By: Linda C. Nichols President

Its

AY-5-75 SEC. OF STATE 728 AR*****15.00

Filing fee: \$15.00

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

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

OF

GRACE BARKER NURSING HOME, INC.

Pursuant to the provisions of Section 7-1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is
GRACE BARKER NURSING HOME, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is
530 Hospital Trust Building, Providence, Rhode Island
and the name of its registered agent in Rhode Island at such address is
Norman J. Bolotow

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is nursing home

SIXTH: The names and respective addresses of its directors and officers are:

| Name | Office | Address |
|-------------------|----------------|--|
| | Director | |
| Linda C. Machado | President | 54 Barker Avenue, Warren, R. I. |
| John Machado | Vice President | Same |
| Norman J. Bolotow | Secretary | 530 Hospital Trust Bldg., Prov., R. I. |
| John Machado | Treasurer | 54 Barker Avenue, Warren, R. I. |

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

| Number of Shares | Class | Series | Par Value per Share or Statement that Shares are without Par Value |
|------------------|--------|--------|--|
| 600 | Common | | No Par Value |

JAN 17 1974

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

| <u>Number of Shares</u> | <u>Class</u> | <u>Series</u> | <u>Par Value per Share or Statement that Shares are without Par Value</u> |
|-------------------------|--------------|---------------|---|
| 200 | Common | | No Par Value |

Dated 1/15, 1974

Grace Barker Nursing Home, Inc.
(NAME OF CORPORATION)

By Linda C. Machado R.N. Adm.
Its President.

Filing fee: \$15.00

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

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE
ANNUAL REPORT
OF

GRACE BARKER NURSING HOME, INC.

Pursuant to the provisions of Section 7-1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is
GRACE BARKER NURSING HOME, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is
530 Hospital Trust Building, Providence, Rhode Island
and the name of its registered agent in Rhode Island at such address is
Norman J. Bolotow

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is nursing home

SIXTH: The names and respective addresses of its directors and officers are:

| Name | Office | Address |
|--------------------|----------------|---|
| | Director | |
| Linda C. Machado | President | 54 Barker Avenue, Warren, R.I. |
| Rosalie Marcello | Vice President | same |
| John Machado | V.P. | same |
| Norman J. Bolotow | Secretary | 530 Hospital Trust Building, Providence |
| Arthur J. Marcello | Treasurer | 54 Barker Avenue, Warren, R.I. |

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

| Number of Shares | Class | Series | Par Value per Share or Statement that Shares are without Par Value |
|------------------|--------|--------|--|
| 600 | Common | - | No Par Value |

Linda C. Machado - President - 2/6/73 (over)

FEB 8 1973

134

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

| <u>Number of Shares</u> | <u>Class</u> | <u>Series</u> | <u>Par Value per Share or Statement that Shares are without Par Value</u> |
|-------------------------|--------------|---------------|---|
| 300 400 | Common | - | No Par Value |

Dated February 6th, 1973.

GRACE BARKER NURSING HOME, INC.
(NAME OF CORPORATION)

By Linda C. Machado President
Its PRES.

FEB 13 73 SEC-OF STATE 339 AM *****15.00