

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

ROFIT CORPORATION ANNUAL REPORT FOR THE YEAR $oldsymbol{\bot}$	2005
--	------

ORM MUST BE TYPED OR PRINT	man na mancar)				
Corporate ID No.	2. Name of Gorpes				
7887		vices Development, Inc.		T-	
Street Address Principal Business Of	I)Icc		Newport	State RI	<sup>Ζiρ</sup> 02840
24 School Street  Business Phone No.		5. State of Incorporation			6. SIC Code
401) 849–2300 Brief Description of the Character of	f Business Conduct	RHODE ISLAND At in Rhode Island	1		6882
PROVISION OF SOCIAL					
NAMES AND ADDRESSES	OF THE OFFIC	ERS: ("X" BOX FOR AT	FACHMENT) 🔠 FILL IN	SPACES BEFORE USIN	NG ATTACHMENTS
sident Name			Vice President Name		
Peter M. DiBari		·	Peter S. Dan	non	
ret Address			Street Address		
24 School Street	1		24 School St	<del></del>	I
l' •	State .	<i>гір</i> 02840	City: Newport	State RI	<sup>Z(p</sup> 02840
lewport	RI	1 02040	<del> </del> <del></del>		l
reiary Name Campan Calclass			David Cloped	Ek	
Karen Oakley	<del> </del>		Street Address		
24 School Street		•	24 School St	reet	
24 SCHOOL SCIECE	State	Zip	City	State	Zip
Newport	Ri	02840	Newport	RI	02840
NAMES AND ADDRESSES					SING ATTACHMENTS
rector Name			Director Name		
Peter M. DiBari			. Mary C. John	nstone	· · -
avet Address			Street Address		
24 School Street	т.	<u> </u>	24 School St	·	T.,
γ. -	State	Zip	City Newport	State RI	<sup>Zip</sup> 02840
Newport	] RI	02840	<del></del> . <b> </b>		
rector Name			Director Name None		•
None			Street Address		
* 4 * * ******************************			•		
()'	State	Zip	City	State	Zip
). SHARES AUTHORIZED (	"X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTAC	CHMENT) 🗌
THORIZED SHARES			ISSUED SHARES		
mber of Shares	Class/Series	Par Value	Number of Shares	Class/Scries	Par Value
5,000 NO PAR VALUE			None		
7,000 HO I AIL TACUL	<del></del>		INOISE		
		,			
			1		
This report must be s	igned in ink by	either the President, Vice	President, Secretary, Assist	ant Secretary, Treasure	r. Receiver or Trustee
<b>  (8 =</b> 17)	<b>(888)</b> ( <b>816</b> ) (80) (	E2: 160:			
		<b>     </b>			(c)
	1828    815    811    <b> </b>	F P   1881		crjury, I declare and affirm	
•	· · · · · · ·		including any acco	mpanying schedules and s te true and correct.	tatements, and that all st
2-14-	_		Commined neverth at	c and and correct.	イノ
ile Date2-14-05		<del>-  </del> ·	, <u>6930000 1006</u>	-	
heck No. 76572	Ն		2-Signature of Officer	DiBari	Date
.20=			Peter M.		
): <b> X  </b>			Print or Type Name		•
FOR SECRETARY OF STA		·	Presider	IL	
	OF DESCRIPTION OF THE PROPERTY		Title of Officer		



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

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

Matthew A. Brown, Secretary of State

ROFIT CORPORATION	N(	ANNUAL REPORT FOR THE YEAR	2004
lling Period: January 1 - Marcb 1	•	Filing Fee: \$50.00	

Filing Period: January 1 - M (FORM MUST BE TYPED OR PRIN		; Fee: \$50.00			
1. Corporate ID No.	2. Name of Corporation	-	<del></del>	<del></del>	<del></del>
7887	Human Services	s Development, Inc.			
3. Street Address Principal Business C		<u> </u>	City	State	Zip
24 School Street			Newpoort	RI	02840
4. Business Phone No.		5. State of Incorporation			6 SIC Code
(401) 849-2300		RHODE ISLAND			6882
7. Brief Description of the Character of PROVISION OF SOCIAL	-	bode Island			
8. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT)   FILL IN	SPACES BEFÖRE USIN	NG ATTACHMENTS
President Name		<i>,</i>	Vice President Name	<del></del>	
Peter M. DiBari			Peter S. Da	mon	
Street Address			Street Address		
24 School Street			24 School S	treet	
City	State	Zip	City	State	Zip
Newport	RI	02840	Newport	RI	02840
Secretary Name			Treasurer Name		
Karen Oakley			David Clope	ck	
Street Address			Street Address	l	
24 School Street	To	12/2	24 School S	<del></del>	7/0
City	State	Zip	Clty	State	02840
Newport  9. NAMES AND ADDRESSES	RI DIRECTOR	02840	Newport	N SPACES REPORE US	
Director Name	OF THE DIRECTOR	3: ( <u>A BOX TOR ATI</u>	Director Name	IN STACES BEFORE OF	ING ATTACHMENTS
			:	mahawa	
Peter M. DiBari Street Address		·-	: Mary C. Joh : Sireet Address	nstone	<del></del>
			•	troot	
24 School Street	State	Zip	24 School S	State	Zip
Newport	RI	02840		RI	02840
Director Name	.አየአ	.)04040	Newport Director Name		
None			None		
Street Address			Street Address	· · · · · ·	
			:		
City	State	Zip	City	State	Zip
			:		
10. SHARES AUTHORIZED	("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTAC	HMENT)
AUTHORIZED SHARES	. —		ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
	<u> </u>				
5,000 NO PAR VALUE			None		
This report must be s	signed in ink by cith	er the President, Vice P	resident, Secretary, Assist	ant Secretary, Treasure	r. Receiver or Trustee
•			·	-	
1 I <b>I I</b> I I	8861 (BIB) (BIB) (BB) (BB)				
	<b>10</b> 8   1618   1614   1614   1614   1614   1614   1614   1614   1614   1614   1614   1614   1614   1614   1614		Under penalty of a	erium. I dealars and affirm	that I have examined this repo
	1931   1010   1011   370   1E11				statements, and that all statemen
772	<del>- × × -</del>	7	contained herein ar		- ···- ····· ··· ···· ·········
1 51/2 Date 0' 05	.04		////	Zun	
File Date	<u> </u>		Signature of Officer		Date
Check No. 1 8 ()	<i>)</i> -		<b>J</b>		Duit
160	<u> </u>		Peter M.		
Ву:			Print or Type Name	of Officer	
			President		
FOR SECRETARY OF ST	ATE USE ONLY		Title of Officer		-

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

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

401-222-3040 STOP

FORM MUST BE TITED OR I	PRINTED IN BLACK)		•		
1. Corporate ID No.	2. Name of Corpora	otion			`
7887	Human Serv	rices Development, Inc.			
3. Street Address Principal Rus			City	State	Zip
24 School St	reet		Newport	RI	02840
4. Business Phone No.		5. State of Incorporation		***	6. SIC Code
(401) 849-23	300	RHODE ISLANI	n		6882
7. Brief Description of the Cha	racter of Business Conducted	in Rhode Island	,		0002
Provision of	social service	es			
8. NAMES AND ADD	RESSES OF THE OFF	ICERS (*X* BOX FOR ATTA	CHMENT) FILL IN SPACE	S BEFORE USING ATTA	CHMENTS
President Name			Vice President Name		
Peter M.DiBa	ri		Peter S. Dam	ion	
Street Address			Street Address	~	
24 School St	reet		24 School St	reet.	
City	State	Zip	City	State	Zip
Newport	RI	02840	Newport	RI	02840
Secretary Name		** ***	Treasurer Name		,
Patrick Noel	. Sullivan		Donald S. Mc	Call	
Street Address			. Street Address		
24 School St	reet		· 24 School St	reet	
City	State	ZIP	Clly	State	Zip
Newport	ŖĮ	02840	Newport	RI	02840
9. NAMES AND ADDI	RESSES OF THE DIR	ECTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPAC	CES BEFORE USING ATT	ACHMENTS
Peter M. DiB	ari			umnhrou In	
Street Address	~~.		Street Address	ambl <del>acol</del> t-12	
24 School St	reet		24 School St	raat	
City	State	Zip	. City	State	Zip
Newport	RI	02840	Newport	RI	02840
Director Name	•		Director Name		02040
Mary C. John	stone		None		
Street Address			Street Address		
24 School St	reet				
City	State	Zip	City	State	Zip
Newport	RI	02840			
10. SHARES AUTHOR	IZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMEN	<i>T</i> )
AUTHORIZED SHARES		. •	DSSUTED STEARES		
Number of Shares	Class/Series	Far Value	Number of Shares	Class/Series	Par Value
5,000 NO PAR VALUE			None		

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

File Date:	2/24/03
Check No.:	64854
Ву:	2
	F 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.

Senture of Officer Vate

Peter M. DiBari

Print or Type Name of Officer

President

Title of Officer

\_\_\_\_



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

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

•					IN
(FORM MUST BE TYPED IN BL)					
1. Corporate ID No.	2. Name of Corpo				
7887	Human Se	vices Development, Inc.			
3. Street Address Principal Business 24 School Street			cuy Newport	State RI	zip 02840
4. Business Phone No. (401) 849-2300		5. State of Incorporation RHODE ISLAND	•		6. SIC Cade 6882
7. Brief Description of the Characte Provision of soc	of Business Conducted	In Rhode Island			0002
3. NAMES AND ADDRES President Name Peter M. DiBari	SES OF THE OF	FICERS ("X" BOX FOR ATTACI	MENT) FILLIN SPACE Vice President Name Peter S. Damon	S BEFORE USING ATTA	CHMENTS
ireer Address 24 School Street			Street Address 24 School Street		
City	State	Zip	City	State	Zip
Newport	RI	02840	Newport	RI	02840
ecretary Name  Patrick Noel Sul  treet Address  24 School Street			Donald S. McCa Street Address 24 School Stree		
lity	State	Zip	City	State	7/-
Newport	RI	02840	Newport	RI	zip - 02840
•		ECTORS ("X" BOX FOR ATTA	- ·	ES BEFORE USING ATT	
treet Address 24 School Street			Street Address 24 School Stre		
ity	State	Zip	City	State	Zip
Newport	RI	02840	Newport	RI	02840
irector Name Mary C. Johnstone	e	***	Director Name None		*****
24 School Street			Street Address		
newport	State RI	zı <sub>p</sub> 02840	City	State	Zip
O. SHARES AUTHORIZEI ЛНОRIZED SHARES	) (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ( ISSUED SHARES	"X" BOX FOR ATTACHMEN"	r)
umher of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
5,000 NO PAR VALUE			None		

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



File Date: . Check No.:

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.

2718/02

Siertartre up C	officer	
Peter	Μ.	DiBari

Print or Type Name of Officer

President

Title of Officer ◆ 5

Form 630 12/01

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

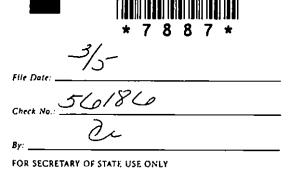
### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

	1111113 1 1 1 1 2 3 0 . 0 0
(FORM MUST BE TYPED IN BLACK)	

2. Name of Corporation

1. Corporate ID No.

	numan 3	ervices Developmer	it, inc.		
l. Street Address Principal Business (	Office		Clly	State	ZIp
24 School Street  Business Phane No.  (401) 849-2300  Brief Description of the Character.	of Business Conducte	5. State of Incorporation RHODE ISLAN d in Rhode Island	Newport D	RI	02840 6. sic cod 6882
Provision of soci  B. NAMES AND ADDRESS  Tresident Name		S FICERS (*X* BOX FOR ATTAC	HMENT) FILL IN SPACES   Vice President Name	BEFORE USING ATTACH	MENTS
Peter M. DiBari			Mary C. Johnst	one	
24 School Street	State	Zip	24 School Stre		•.
Newport ecretary Name	RI	02840	Newport	State RI	zip 02840 .
William J. Corcor	an		Donald S. McCa	11	
24 School Street	State	Zip	24 School Stre	et State	Zip
Newport  NAMES AND ADDRESS Director Name	RI ES OF THE DI	02840 RECTORS (*X* BOX FOR ATT)	Newport ACHMENT) FILL IN SPACE Director Name	RI S BEFORE USING ATTAC	02840 CHMENTS
Peter M. DiBari			William W. Hum Street Address	phrey, Jr.	
24 School Street	State	ZIp	24 School Stre	et State	Zip
Newport	. RI	02840	Newport	,RI ,	02840
Mary C. Johnstone			None Street Address		
24 School Street	State	710	City	fa.a.	
Newport	RI	zıp 02840	City	State	Zip
•			11. SHARES ISSUED (* ISSUED SHARES	X° BOX FOR ATTACHMENT)	
O. SHARES AUTHORIZED UTHORIZED SHARES					
	Class/Series	Par Value	Number of Shares	Class/Series	Par Value



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.

Signapore of Officer

3/2/01

Peter M. DiBari

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

Filling Feriou. Junua	ry 1-march 1	riting ree: \$30.00			{ INSTRUCTS
(FORM MUST BE TYPED IN E	BLACK)				
1. Carparate ID No.	2. Name of Corpora	rtion	• •	•	
7887	Human Şer	vices Developme	nt, Inc.		
3. Street Address Principal Busin	ess Office		City	State	Zip
24 School Str 4. Business Phone No.	eet	5. State of Incorporation	Newport	RI	02840 6. SIC Code
(401) 849-230 7. Brief Description of the Chara		RHODE ISLA	ND		6882
Provision of	social service	es			
8. NAMES AND ADDR President Name			ACHMENT) FILL IN SPAC Vice President Name	ES BEFORE USING ATT	ACHMENTS
Peter M. DiBa Street Address	ri		RSTADLEX MOCOX Street Address	Mary C. John	stone
24 School Str	eet		24 School St	reet	
City	State	·Zip	City .	State	ZIp
Newport Secretary Name	RI	02840	Newport Treasurer Name	RI	02840
Street Address	🗴 Peter M.	Merritt	RODEX MOSSILLE Street Address	X Donald S. M	CCall .
24 School Str	eet		24 School St	reet	
City	State	Zip	City	State	Zip
Newport	RI	02840	Newport	RI	· 02840
9. NAMES AND ADDR Director Name	ESSES OF THE DIR	ECTORS ("X" BOX FOR A	TTACHMENT) FILL IN SPA	ACES BEFORE USING A	TTACHMENTS
Peter M. DiBa Succe Address	ri 		Street Address	XX William W.	Humphrey, Jr.
24 School Str	eet		· 24 School St	reet	
City	State	Zip	City	State	Zip
Newport Director Name	RI	02840	Newport Director Name	RI	02840
MESEN SUBSTRICE Mary C. Johnstone			None Street Address		
24 School Str	eet				
City	State	Zip	City	State	Zip
Newport	RI	0284Ū			
10. SHARES AUTHORIZ AUTHORIZED SHARES	ZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUEI	O ("X" BOX FOR ATTACHM	ENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
5000 NO PAR VAL	•		None		

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. 1/31/00

Date

Signature of Officer

Peter M. DiBari

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 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

	401-222-3040	)
	CTO	
٠,	PLI ASE RI AD	1
	INSTRUCTIONS	١.

7887	2. Name of Corpora	vices Development, i	Inc.		
3. Street Address Principal Busines		· - · - ·	City	State	02840
24 School Street			Newport	RI	02840
. Business Phone No.		5. State of Incorporation			6. SIC Code
(401) 849-2300		RHODE ISLAN	ID	- <del></del>	6882
Brief Description of the Characte Provision of SOC		in Rhode Island			4
		ICEDS (*** BOY FOR ATT)	CHMENT) FILL IN SPACE	EC DEFODE LICINO ATTA	CUMENTS
esident Name	SES OF THE OFF.	ICERS ( X_ BOX FOR XITA	: Vice President Name	ES BEFORE USING ATTA	CHMENIS
Peter M. DiBari			Dennis McCoy		•
treet Address	<b>.</b>		Street Address	<del></del>	<del></del>
24-School.Street			: 24 School Stre	et .	
lity	State	21p 02840	City	State	Zip
Newport	RI		Newport	. RI	IN 02840 →
ecretary Name	irlev Cherry		Peter Merritt		1
treet Address 👍		<del></del>	Street Address		
24 School Street		•	24 School Stre	eet	
City 3	State	Zip	City	State -	ZIP: 31. 31.
Newport *	RI	02840	Newport	RI.	02840
	SES OF THE DIR	ECTORS ('X' BOX FOR AT	TACHMENT) 🔼 FILL IN SPA	CES BEFORE USING AT	ACHMENTS
Director Name 4	,		Director Name	,*	
_Peter_DiBari	<del></del>	<del></del>	Robert Maddocl	<u>K</u>	···-
_			:		<b>':</b> -
_24_School_Street		Zip	_ <u>: 24</u> School Stre	State	Z1p 2
ity "	State	Lip			1 00040
Newport (	RI	02840	Newport	RI	02840
Newport		02840	Director Name		02840
Mary Jonstone		02840	······································	, R1	02840
Newport  Director Name  Mary Jonstone  Iteet Address \$	RI	02840	Director Name		02840
Newport  Newport  Mary Jonstone  treet Address \$ 24 School Street	RI	02840	Director Name None Street Address		*
Newport  Director Name Mary Jonstone  Treet Address \$ 24 School Street	RI	02840 	Director Name None	State	21p
Newport  Newport  Mary Jonstone  treet Address  24 School Street  Try  Newport	RI State RI	02840 	Director Name None Street Address City	i State	Zip
Newport  Newport  Mary Jonstone  reet Address  24 School Street  Newport  Newport  Newport	RI State RI	02840 	Director Name None Street Address City 11. SHARES ISSUED		Zip
Newport Mary Jonstone Treet Address 24 School Street Try Newport 0. SHARES AUTHORIZE	RI State RI	02840 	Director Name None Street Address City	i State	Zip
Newport  Mary Jonstone  Treet Address \$ 24 School Street  Try  Newport \$ 0. SHARES AUTHORIZE  UTHORIZED SHARES  umber of Shares	State RI ED (*X* BOX FOR ATT	02840 21p 02840 ACHMENT)	Director Name None Street Address  City  11. SHARES ISSUED ISSUED SHARES Number of Shares	State  O ("X" BOX FOR ATTACHMEN	Zip Zip
Newport  Mary Jonstone  reet Address 24 School Street  Newport  Newport  Newport  Newport  Newport  Newport	State RI ED (*X* BOX FOR ATT	02840 21p 02840 ACHMENT)	Director Name None Street Address City  11. SHARES ISSUED ISSUED SHARES	State  O ("X" BOX FOR ATTACHMEN	Zip
Newport  Mary Jonstone  reet Address \$ 24 School Street  Newport \$ 0. SHARES AUTHORIZE  OUTHORIZED SHARES  Fumber of Shares	State RI ED (*X* BOX FOR ATT	02840 21p 02840 ACHMENT)	Director Name None Street Address  City  11. SHARES ISSUED ISSUED SHARES Number of Shares	State  O ("X" BOX FOR ATTACHMEN	Zip



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

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

(FORM MUST BE TYPED IN BLAC	CK)				
1. Corporate ID No.	2. Name of Corporat			·	
7887	Human Serv	ices Development, inc	•		
3. Street Address Principal Business C	Office		City	State	Zip
24 School Street  Business Phone No.		5. State of Incorporation	Newport	RI	02840 6. SIC Code
(401) 849-2300 P. Brief Description of the Character of	of Business Conducted in	RHODE ISLAND  Rhode Island			6882
Provision of social NAMES AND ADDRESS		CERS (*X* BOX FOR ATTACHN	AENT) Vice President Name		
Peter M. DiBari.			Mary Jonstone Street Address	DENNIS M	cloy
24 School Street			24 School Stree	et	•
Sity	State	Zip	City	State	Zip
Newport Secretary Name	RI .	02840	Newport Treasurer Name	RI	02840
Peter Merritt			Dennis McCoy Street Address	PETER MEI	eriu.
24 School Street			24 School Stree	et ,	
Siry	State	Zip	City	State	Zlp
Newport	RI	02840	Newport	RI	02840
9. NAMES AND ADDRESS Director Name	ES OF THE DIRE	ECTORS ("X" BOX FOR ATTAC	HMENT) Director Name		•
Peter M. DiBari			Robert Maddock		
24 School Street			24 School Stre	et	
City	State	Zip	City	State	Zip
Newport Director Name	RI	02840	Newport Director Name	RI	02840
Mary Jonstone			None		
Street Address 24 School Street			Street Address		
Çijy	State_	Zip	Clty	State	Zip
Néwport	RI	02840			
10. SHARES AUTHORIZEE AUTHORIZED SHARES	O ("X" BOX FOR ATTA		11. SHARES ISSUED	("X" BOX FOR ATTACHME	(דא
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
5000 NO PAR VAL		•	None	•	

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

	* 7 8 8 7 *
File Date: _	3.S.98
Check No.:	49190
Ву:	l P
FOR SECRE	TARY 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 seasements contained herein are true and correct.

Signature of Officer

Peter M. DiBari

Print or Type Name of Officer

President

Title of Officer





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

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

### PROFIT CORPORATION ANNUAL REPORT 1997

1. Corporate ID No. 2. Name of Corporation 7887 Human Services Development, Inc. 3. Street Address Principal Business Office State 02840 24 School Street Newport RI 4. Business Phone No. 5. State of Incorporation 6. SIC Code (401) 849-2300 **RHODE ISLAND** 6882 7. Brief Description of the Character of Business Conducted in Rhode Island Provision of social services 8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) President Name Vice President Name Peter M. DiBari Mary Jonstone Street Address Street Address 24 School Street 24 School Street City State State 02840 02840 Newport Newport RI RT Secretary Name Treasurer Name Peter Merritt Dennis McCoy Street Address Street Address 24 School Street 24 School Street City City 02840 02840 Newport Newport ŔΙ RΙ 9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) Director Name Peter M. DiBari Robert Maddock Street Address Street Address

Mary Johnstone Street Address

24 School Street

(FORM MUST BE TYPED IN BLACK)

24 School Street City

RINewport

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

RI

Number of Shares

**5000 NO PAR VAL** 

City

Newport

Director Name

Class/Series

Par Value

02840

02840

ISSUED SHARES

City

Number of Shares

Class/Sertes

State

RI

Zip

02840

None

24 School Street

Newport

Director Name None

Street Address

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



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.

Peter M. Di<u>Bari</u>

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.		·			
, CORPORATE ID NO.	2. NAME OF CORPORATION							
7887 Street adoress principal business		Services Develo	<del> </del>					
24 School St			Newport	SIATE	2º 000€ 02840			
BUSINESS PHONE HO			Newport					
(401) 849-23	00	5. STATE OF INCORPORATION RHODE IS	SLAND		6. SIC CÓDE 6.882			
•					0002			
BRIEF DESCRIPTION OF THE CHARACTER	social serv							
PLOVISION OI								
RESIDENT NAME	8 , N.A	MES AND ADDR	ESSES OF THE OF	FICERS	·— — ·			
Peter M. DiB	ari		Mary Johnsto	nė				
TREET ADDRESS			STREET ADDRESS		· <del>····································</del>			
24 School St			24 School St					
Newport	R I	<sup>20° C000</sup> 0 2 8 4 0	Newport	STATE I	<sup>ZP 000€</sup> 02840			
ECRETARY NAME			TREASURER HAME	1 1				
Peter Merrit	t		Dennis McCoy	•				
TREET ADDRESS .		· · · · ·	STREET ADDRESS					
24 School St	reet	ZIP COOE	24 School St					
" Newport	RI	02840	Newport	SIATE RI	02840			
			ESSES OF THE DI	<u>i</u>	V-0.10			
RECTOR NAME	·	<del></del>	DIRECTOR HAVE					
Peter M. DiB	ari	<del></del>	Robert Maddo	ock .				
24 School St	reet		street Address 24 School St	reet	•			
пу	STATE	ZIP CODE	any	STATE	ZP COOE			
Newport	RI	. 02840	Newport	RI	02840			
RECTOR NAME Mary Johnsto	no	•	DIRECTOR NAME					
TREET ADDRESS	iie		STREET ADDRESS					
24 School St	reet				•			
TY	STATE	ZIP COOE	ату	STATE	ZIP CODE			
Newport	RI	-02840						
	<del> </del>	HARES AUTHOR	IZED AND ISSUED					
NUMBER OF SHARES	AUTHORIZED SHARES CLASS / SERIES	PAR VALIE	MANAGED ALL CHARGE	ISSUED SHARES				
KONDEN OF SWARES	UASS / SEPES	PAR VALUE	MUMBER OF SHARES	CLASS / SERES	PAR VALUE			
5000 NO P	AR VAL		None					
				1	j .			
		· · · · · · · · · · · · · · · · · · ·		<del></del>				
		·						

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.

Signature of Officer

Peter M. DiBari

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

0007887

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

Joseph M. Hall 15 Old Beach Road Newport, RI 02840

Corporate ID:

Name of Corporation:

ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

1995

PAID

Annual Report for the year:

Business Entity is (check one):

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

Human Services Development, Inc.

for foreign entity, address and telephone number of principal office:			[X] Business Corporation (See RIGL Chapter 7-1.1)  [ ] Professional Service Corporation (See RIGL Chapter 7-5.1)			
, N/A		Į	j Professional S	Service Corporation (See R	IIGL Chapter 7-5.1)	
		. 1	Brief statement of (	the character of business co	onducted in Rhode Island:	
Phone: ( )	incinal office of business action in Db.		Provision of social services			
Island (Provide street address - 24 School St Newport, RI	reet	xie	1 100131	on or social service		
Phone: (401) 849-23	00					
PRECIONAL	THE NAM	IES OF THE O	FFICERS ARE			
PRESIDENT Peter M. DiBari	24 School S	STREET ADDRESS		Newport, RI	22F CO01 02840	
VICE PRESIDENT	21 0011001 0	STREET ADDRESS	<u> </u>	CITY/STATE	7JP CODI	
Robert Maddock	15 Old Bea			Newport, RI	02840	
SECRETARY	24 Cabaal 6	STREET ADDRESS		CITY/STATE	7JP CODE	
Mary Johnstone	24 School S	STREET ADDRESS		Newport, RI	02840 ZIP CODE	
Dennis McCoy	24 School S			Newport, RI	02840	
NAME	THE NAMI	ES OF THE DIE	RECTORS ARE			
Peter M. DiBari	24 School S	STREET ADDRESS Street		Newport, RI	02840	
Robert Maddock	15 Old Bead	street address ch Road		Newport, RI	02840 ZIP CODE	
Joseph M. Hall	15 Old Bea	STREET ADDRESS Ch Road		Newport, RI	02840 ZIP CODE	
NUMBER OF SHARES AUTHOR	RIZED (Rider may be attached)	NUM	BER OF SHARES I	SSUED AND OUTSTANDI	NG (Rider may be attached)	
Number of Shares	Class / Series	Num	ber of Shares	Class / Series	<del></del>	
5,000	Common					
Date fruck / &	. 19/9/5	Bu:	X c 1	ni		
7		By:	-	Peter M. DiBar		
Form 31 1/95		TITLE OF OFFICER SIG	OF OFFICER SIGNING	President		
	DESIGNATED REGISTE	RED AGENT F	OR SERVICE O	OF PROCESS:		
PLEASE NOTE: If the registere	ed office and/or registered agent indic					
Ų			• • • • • • • • • • • • • • • • • • • •			

Filing Fee \$50.00 Payable to: Secretary of State

#### PLEASE TYPE or PRINT

#### State of Rhode Island and Providence Plantations Office of The Secretary of State

File Annually LLC: Sept. 1 - Nov. 1 CORP: Jan. 1 - March I

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

Corporate ID:	0007887			Annual Report for th	ie year:	1994 .	
Name of Business E	Series: HI	JMAN SEF	RVICES	EVELOPMEN	IT, INC.		
Maine of Business (	anity						
Business entity organiz	zed under the laws of the Sta	ie of Rhode	Island	Business Entity is	(check one): ess Corporation (See F	RIGL Chanter 7-1-1)	
Federal Taxpayer Iden	tification Number:			[ ] Profe	ssional Service Corpor	ation (Sec RIGL Chapte	r 7-5.1)
For foreign entity, add	ress and telephone number of	of principal office:	:		ed Liability Company		
			<del></del> }	Name, title and m communications r	ailing address of conta may be directed:	ict person to whom	
				T <u>h</u> e	President	<u> </u>	<u> </u>
	<del></del>	<del></del>		(se	e below for ac	idress)	
Phone: ( )			<del></del>	<del></del>		<del></del> -	<u>_</u>
•	of the principal office of bu	isiness entity in R	hode				
24 School	oddress - Not P.O. Box): Street				the character of busin IVISION Of SOCIA	ess conducted in Rhode al services	Island:
Newport, R					77131011 01 3001	<u> </u>	
<u> </u>	· · · · · · · · · · · · · · · · · · ·			Date of Organizat	tion: 6-25		
Phone: (401)84	9-2300					Rhode Island (if foreign	entity):
		THE NA	MECOETI	IE OFFICERE AR			
CHIEFEXICUTIVEORI	CER OR PRESIDENT (Over O	NI LITE MA	STREET ADO	IE OFFICERS AR	CITYSTATE		ZPCOM.
Peter M. Di	Bari	herst (hers)	24 School	o <u>l Street</u>	Newport, F	₹!	02840
Robert Mac	dock		15 Old B	each Road	Newport, F	RI	02840
Mary Johns	ISON SESECTARYICALEON STONE	ri	24 School		Newport, F	રા	02840
CHIEF FINANCIAL OFF	CER OR TREASURER ICSGLO	<del> </del>	STREET ADD	«ESS	CITYSTATE	-	ZIP CODE
William J. I	Humphrey	TUE NAI	24 Scho	ol Street e directors at	<u>Newport, F</u>	<u> </u>	02840
NAME		Inchai	OA TEGRTZ		CITYSTATE		ZIPCYIN
Peter M. Di	bari		24 School	ol Street	Newport, F	31	02840
Robert Mac	ddock		15 Old B	each Road _	Newport, F	RI	02840
Joseph M.	Hall		•	each Road	Newport, F	રા	02840
NUMBER OF SHAP	RES AUTHORIZED (If Ap	plicable)		NUMBER OF SHAL	RES ISSUED AND O	UTSTANDING (If App	licable)
NUMBER 5,00	00		_	NUMBER			
CLASS com	ımon			CLASS			
SERIES				SERIES			
PAR VALUE OR WITHOUT PAR	no par			PAR VALUE OR WITHOUT PAR			
	no par			///			
DateMarg	<u>:h</u>	9 <u>94</u>	By —	TO	1/00	·	
			PRINTORT	eter M. DiBari	ING		
				esident	<del></del>		
Form 31 - 1/94	DECICE ATED Y	ECIETEDEN	AD DECIN	NT ACENT FOR	SERVICE OF PRO	OCESS.	

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF

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

Joseph M. Hall 15 Old Beach Road Newport, RI 02840

FILED

MAR 2 6 1501 By ME59, A24694

Form 31 1/85

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

Corporate ID	Ś	Annual Report to	or the year1221	<u> </u>
FIRST: The name of the co	orporation is	HuqanSəxvi.cas		,Lnc
SECOND: It is incorporated	d under the laws of	Rhode Island		
THIRD: Character of busin	Business address in Rhode Island 24 School St., Newport, RI 02840  (Attach rider if neces Name Office Child & Family Services Address (including number, street, zip code)  (Attach rider if neces Name Office Child & Family Services 24 School Street, Newport, RI 0284  Director Vice-Chairman Director  Oh M. Hall Director 15 Old Beach Road, Newport, RI 0284  C.E.O. Child & Family Services 24 School Street, Newport, RI 0284  Director Vice-Chairman 15 Old Beach Road, Newport, RI 0284  C.E.O. Child & Family Services 24 School Street, Newport, RI 0284  Director Vice-Chairman 15 Old Beach Road, Newport, RI 0284  C.E.O. Child & Family Services 24 School Street, Newport, RI 0284  C.E.O. Child & Family Services 24 School Street, Newport, RI 0284  C.E.O. Child & Family Services 24 School Street, Newport, RI 0284  C.E.O. Child & Family Services 24 School Street, Newport, RI 0284  C.E.O. Child & Family Services 24 School Street, Newport, RI 0284  C.E.O. Child & Family Services 24 School Street, Newport, RI 0284  C.E.O. Child & Family Services 24 School Street, Newport, RI 0284  C.E.O. Child & Family Services 24 School Street, Newport, RI 0284  C.E.O. Child & Family Services 24 School Street, Newport, RI 0284  C.E.O. Child & Family Services 24 School Street, Newport, RI 0284  C.E.O. Child & Family Services 24 School Street, Newport, RI 0284  C.E.O. Child & Family Services 24 School Street, Newport, RI 0284  C.E.O. Child & Family Services 24 School Street, Newport, RI 0284  C.E.O. Child & Family Services 24 School Street, Newport, RI 0284  C.E.O. Child & Family Services 24 School Street, Newport, RI 0284  C.E.O. Child & Family Services 24 School Street, Newport, RI 0284  C.E.O. Child & Family Services 24 School Street, Newport, RI 0284  C.E.O. Child & Family Services 24 School Street, Newport, RI 0284  C.E.O. Child & Family Services 24 School Street, Newport, RI 0284  C.E.O. Child & Family Services 24 School Street, Newport, RI 0284  C.E.O. Child & Family Services 24 School Street, Newport, RI 0284  C.E.O. Child & Family Servic	······		
FOURTH: If foreign corpor	ation, address of its princ	ipal office		
FIFTH: Business address in		chool St., Newpo	ort, RI 0284	0
	Office	Address (inclu	ding number, street, zip code)	• •
Peter M. DiBari	C.E.O. Wassing			RI 02840
Toront M. H. 11-11	Vice-Chairma	an 15 Old Beach 1	Road, Newport	, RI 02840
Peter M. DiBari William J. Humphrey	President Chairman of Board Jr. Wice Wresident	24 School Str	eet, Newport,	RI 02840
		et .	11	11
				.11
No. of Shares	Class	Series	or stateme shares are	ent that without
5,000			no	par
	s issued: STOY OF T		or stateme	nt that
No of Shares	Class	Scries		
Dated March 1,	***************************************		velopment, In	C.
(Report must be signed by		President	zou)	

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 160 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	9907887	************		Annual Rep	ort for the y	year 1992
First: The	name of the corporation	on is	······································	.HumanSs	enwices	Davelopment,Inc
Second: It	is incorporated under	the laws of.	••••••	Rhode Is	lanđ	
THIRD: Cha	tracter of business, brie	fly stated, is	provi	sion of	social	services
Fourth: If	foreign corporation, ac	Idress of its	principal o	ffice		
Fifth: Busi	ness address in Rhode	Island	24 Scho	ol St.,	Newport	, RI 02840
Sixтн: Nam	ies and addresses of its	Office	nd officers:	Addres	s (including numb	(Attach rider if necessary) ber, street, zip code)
Peter M. D	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	C.E.O.	Chi	ld & Fami		ices, 24 School St Newport, RI
Joseph M. F	Iall	Vice-Ch		Old Beac		Newport, RI 02840
Peter M. Di William J.		President	ΩE		treet, N	Jewport, RI 02840
	ngs			IF	rt	n
Peter Capyo	odilupo	. Treasurer	••••••		<b>81</b>	ıı
Seventh: N	umber of Shares autho	rized:				Par Value or statement that
No. of Shares	Class			Series		shares are without par value
5,000				PAID		No par .
Eighth: Nu	mber of Shares issued:			EB 2 4 19		Par Value or statement that
No. of Shares	Class			Series	NTE	shares are without par value
Dated Febru	ary 21, 1992 <sub>19</sub>		(Name of Corp		Develop	ment, Inc.
(Report n	nust be signed by an officer		Title	Peter M. Presiden		

Form 31 1/85

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

Corporate ID	007887	Annual Report for the	ne year 1991
FIRST: The name of	the corporation is	Human Services	. Development,Inc
Second: It is incorp	orated under the laws of	Rhode Island	
THIRD: Character of	business, briefly stated, is	provision of soc	ial services
Fourth: If foreign c	orporation, address of its pri	incipal office	
		School St., Newpor	t, RI 02840
SIXTH: Names and a	ddresses of its directors and		(Attach rider if necessary)
Peter M. DiBari	C.E.O. XXXXXXX	Child & Family Se	rvices, 24 School St., Newport, RI 02
William J. Humphr	Director Vice-Chair rey, Jr. Director	man P.O. Box 39, T	iverton, RI 02878
Peter M. DiBari	President Chairman of	24 School St., Ne	ewport, RI 02840
James Mason	Board WioexBresiden	110 Lepes Rd., PC	ortsmouth, RI
Mary Jennings	Secretary	Beacon Hill Road,	Newport, RI 02840
Peter Capodilupo	Treasurer	51 Hilltop Dr., P	ortsmouth, RI 02871
SEVENTH: Number of	f Shares authorized:	PAID	Par Value or statement that
No. of Shares	Class	MAR 1 Stridggs	shares are without par value
5,000	4	MAR 1 Sci4991 SECY OF STATE	NO par
EіGнтн: Number of	Shares issued:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
Dated February 20	19	Juman Services Devel	opment, Inc.
(Report must be sig	ned by an officer)	ide President & C.E	.0.

## State of Rhode Island and Providence Plantations

#### CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 000788	7	Annual Report fo	r the year 1990
FIRST: The name of th	e corporation is	Human Services D	exelopment. Inc
Second: It is incorpor	ated under the laws o	f Rhode Island	
THIRD: Character of be	usiness, briefly stated,	is provision of s	ocial services
FOURTH: If foreign cor	poration, address of i	ts principal office	
FIFTH: Business address	s in Rhode Island	24 School St. Newpo	rt. RT 02840
Name	resses of its directors	Address (includ	(Attach rider if necessary)
Peter M. DiBari ,	Director	St., Newpor	ily Services, 24 Schoot, RI 02840
	Director		
James Mason	Presiden	t 110 Lepes Rd.,	Portsmouth, RI 02871
William Humphrey,	Jr. Vice Pre		iverton, RI 02878
Mary Jennings	Secretary	y Beacon Hill Ro	ad, Newport, RI 02840
Peter Capodilupo	Treasure		Portsmouth, RI 02871
SEVENTH: Number of S	hares authorized:	Series	Par Value or statement that shares are without par value
5,000		Without pa	ar value
Еіднтн: Number of Sh	ares issued:	PAID	Par Value or statement that
No. of Shares	Class	FEB 2 1 1990	shares are without par value
February 14	<b>19</b>	SEC'Y. OF STATE Human Services Deve	elopment, Inc.
		By //2007	on'
(Report must be signed	by an officer)	Title President & C.	E.O.

### State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID0007887	••••••	Annual Report for the year	ar1989
		an Services Development	t, Inc.
Second: It is incorpor	ated under the laws of	Rhode Island	
THIRD: Character of b	usiness, briefly stated, is	provision of socia	al services
FOURTH: If foreign con	poration, address of its pri	incipal office	
FIFTH: Business addres	s in Rhode Island 24	School St., Newport, 1	RI02840
Sixth: Names and add	dresses of its directors and	Officers: Address (including number	(Attach rider if necessary)
Peter M. DiBari, Pr C.	E.O.	Child & Family Servio	ces, 24 School St
,	Director		······
Nancy L. Peterson	President	ll Oakwood Terrace, l	Newport, RI02840
James Mason	Vice Preside	nt 110 Lepes Rd., Ports	mouth, RI 02871
Donna Maytum	Secretary	24 Van Zandt Ave., No	ewport, RIO2840
Peter Damon	Treasurer	Bank of Newport, P.O	. Box 450
	Shares authorized:	Newport, RI 02840	Par Value or statement that shares are without
No. of Shares 5,000	Class	Series Withou	parvalue t par value
Eіднтн: Number of Si	hares issued:	FFR 2 1 1999	Par Value or statement that
No. of Shares	Class S.F.	CY. OF STATE	shares are without par value
February 14,	19	Human Services Develop	ment, Inc.
(Report must be signe	В	1/3/300	0.

### State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	887	Annual Report for the year Human Sanyticas Dave Loomant Line	<i>/</i>
		Human Services Development, Inc.	••••••
		Dhada Taland	••••••
		of Rhode Island	*****
THIRD: Character of	business, briefly stated,	, is provision of social services	
FOURTH: If foreign co	orporation, address of it	its principal office	
FIFTH: Business addre	ess in Rhode Island	24 School St., Newport, RI 02840	
SIXTH: Names and ad	dresses of its directors	(**************************************	ssary)
Peter M. DiBari	C.E.O Director Director	Newport, RI 02840	ool St
	Director	or	
Nancy L. Peterson	Presiden	11 Oakwood Terrage Newbort DI	
James Mason	Vice Pre	resident 110 Lepes Rd., Portsmouth, RI	
Donna Maytum	Secretary	24 Van Zandt Ave., Newport, RI	
Peter Damon	Treasure	Bank of Newport, P.O. Box 450 Ne	
SEVENTH: Number of	Shares authorized:	Par Value or statement that	
No. of Shares	Class	Series shares are without par value	
5,000		Without par value	
EіGнтн: Number of S	Shares issued:	PAID Par Value or statement that	-
No. of Shares	Class	Series 1889 shares are without par value	
Dated March 13	<b>19</b>	Human Services Development, Inc.	
		(Name of Corporation)	
		By // Son	******
(Report must be sign	ied by an officer)	Title President and C.E.O.	

Form 31 1/85

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

Corporate ID 7887	******	Annual Repor	rt for the year	7,458
FIRST: The name of the corporation is		Human Services Development: Inc.		
Second: It is incorporated unde	r the laws of		Shode Island	
THIRD: Character of business, br	riefly stated, is	Provision of s	social service	es
FOURTH: If foreign corporation,	address of its p	rincipal office	······································	······································
FIFTH: Business address in Rhod	e Island 2	4 School St., No	ewport, RI 02	840
SIXTH: Names and addresses of i	its directors and		(Attac	ch rider if necessary)
Peter M. DiBari	Director	Child & Family 24 School St.		Newport County
		•••••		
Nancy L. Peterson	President	11 Oakwood Te	rrace, Newpor	t, RI02840
James Mason	Vice Preside	ent 110 Lepes Rd.	, Portsmouth,	RI 02871
Donna Maytum	Secretary	24 Van Zandt	Ave., Newport	, RI 02840
Peter Damon	Treasurer	Savings Bank Newport, RI		P.O. 450
SEVENTH: Number of Shares aut	horized:	•	Pa	r Value ement that
No. of Shares Clas	s	PAID Series		are without r value
		JUN 6 1988	Without	par value
Eіднтн: Number of Shares issue	d: SE	C'Y OF STATE	1)~	r Value ement that
No. of Shares Class	s	Series	shares :	are without r value
Dated May 6,		Human Services	Development,	Inc.
(Report must be signed by an office	В	y Executive D	irector	

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

Corporate ID7887		Annual I	Report for the year	1987
FIRST: The name of the corpor	ation isHuman.	.Services.Dev	elopment,Inc	······································
SECOND: It is incorporated und	ler the laws of	Rhode	Island	
THIRD: Character of business, b	oriefly stated, is	provision o	of social ser	rvices
FOURTH: If foreign corporation	, address of its prin	icipal office		······································
FIFTH: Business address in Rho	de Island 24 S	chool St.,	Newport, RI	02840
SIXTH: Names and addresses of	its directors and o		ddress (including number, st	(Attach rider if necessary)
Peter M. DiBari	Director Director	Child & County,	Family Servi 24 School St	ces of Newport
	Director			
David B. Bazarsky	President	31 Brent	on Cove, Har	rrison: Ave., Newport
Nancy Peterson	Vice President	ll Oakwo	ood Terrace,	Newport , RI
Donna Maytum	Secretary	24 Van 2	Zandt Ave. Ne	wport, RI
Peter Damon	Treasurer	Savings	Bank of Newp	ort, P.O. Box 450
SEVENTH: Number of Shares au			Pm.	Par Value or statement that shares are without
No. or Shares	255	Series	MAR 18 198	par value
Еіднтн: Number of Shares issu	ed: PAI	)		Par Value
No. of Shares Cl	FEB 10	1987 Series		or statement that shares are without par value
5,000	SEC'Y OF		Without p	•
Dated February 5	<b>9</b>	Human Servi	ces Developm	ent, Inc.
	Ву		VUPE	07
(Report must be signed by an off	_	<i>/</i>	ve Director	

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

Corporate ID	7887	•••••	. Annual Report for the year 1986		
First:	The name of the corporation is Human Services Development, Inc.				
SECOND:	It is incorporated under	er the laws of	Rhode Island	1	
THIRD:	Character of business, b	riefly stated, is	provision of social	services	
Fourth:	If foreign corporation,	address of its	principal office		
<b>Г</b> ІГТН:	Business address in Rhod	le Island	24 School St., Newport, RI 02840		
Ѕіхтн:	Names and addresses of	its directors an		(Attach rider if necessary)	
Peter M.	DiBari	Director	Newport, RI 0284	Services, 24 School St.,	
	Bazarsky	₩.		oad, Harrison St., Newport, R	
Edward Who		Î	dent 77 Ayrault St., Ne	ewport, RI	
Donna Mayt	cum .	Secretary	24 Van Zandt Aver	nue, Newport, RI 02840	
Peter Damo	on	Treasurer	Savings Bank of Ne	ewport, P.O. Box 450, Newpor	
SEVENTH:			Series	Par Value or statement that shares are without par value	
5,000 Еіднти:	Number of Shares issue	03/17/86 d:		Without par value  Par Value	
No. of Shar		-	Series	or statement that shares are without par value	
,	uary 28, 1986 19	564AA1	(Name of Complation)  By	Sou	
(Rep	port must be signed by an office		Title Executive Direct	or	

AC INC. 6/25/84/61417

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

7887

RPORATE ID: 7887	- Annual Report for th	
FIRST: The name of the corporation	n 18	
SECOND: It is incorporated under t	the laws ofRhodeIs	sland
THIRD: Character of business, briefl	ly stated, is provision	n of social services
FOURTH: If foreign corporation, a		l office
FIFTH: Business address in Rhode	Island (blank report	s will be mailed to this
address) 24 School St., Newport, RI	02840	
SIXTH: Names and addresses of its	s directors and office	rs:
(Addresses must include street	and number, if any)	,
Name Office		Address
Peter M. DiBari Director	Child & Family S	ervices, 24 School St., Newp
Director	***************************************	· · · · · · · · · · · · · · · · · · ·
Director		
David G. Bazarsky President	31 Brenton Cove.	Harrison Ave., Newport, RI
Edward Whelan Vice Pres		
•		
Donna Maytum Secretary		e., Middletown, RI
Peter Damon Treasurer (if additional space is needed, attach ridor)	ZOO IIRIIGII AV	The second of th
SEVENTH: Number of Shares auth	norized:	Par Value
No. of Shares Class	Series	or statement that shares are without par value
		Wishout you smitte
5,000		Without par value
Eigнтн: Number of Shares issued	d:	Par Value or statement that
No. of Shares Class	Series	shares are without par value
·.		
Dated: October 22 19 85	Human Services	: Development, Inc.
	(Name of Corporati	
/24/85	By Cetom	Dhai .
Jep :	Title Director	
1 server =		