



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 7887		2. Name of Corporation Human Services Development, Inc.			
3. Street Address Principal Business Office 24 School Street			City Newport	State RI	Zip 02840
4. Business Phone No. (401) 849-2300		5. State of Incorporation RHODE ISLAND			6. SIC Code 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Peter M. DiBari			Vice President Name Peter S. Damon		
Street Address 24 School Street			Street Address 24 School Street		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Karen Oakley			Treasurer Name David Clopeck		
Street Address 24 School Street			Street Address 24 School Street		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Peter M. DiBari			Director Name Mary C. Johnstone		
Street Address 24 School Street			Street Address 24 School Street		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number 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	2-14-05
Check No.	76572
By:	KB
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 Date _____
Peter M. DiBari
Print or Type Name of Officer
President
Title of Officer



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

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 OR PRINTED IN BLACK)

1. Corporate ID No. 7887		2. Name of Corporation Human Services Development, Inc.			
3. Street Address Principal Business Office 24 School Street			City Newpoort	State RI	Zip 02840
4. Business Phone No. (401) 849-2300		5. State of Incorporation RHODE ISLAND			6. SIC Code 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Peter M. DiBari			Vice President Name Peter S. Damon		
Street Address 24 School Street			Street Address 24 School Street		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Karen Oakley			Treasurer Name David Clopeck		
Street Address 24 School Street			Street Address 24 School Street		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Peter M. DiBari			Director Name Mary C. Johnstone		
Street Address 24 School Street			Street Address 24 School Street		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
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 **2-25-04**
Check No. **71860**
By: **ICP**
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



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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

7887

Human Services Development, Inc.

3. Street Address Principal Business Office

24 School Street

City

Newport

State

RI

Zip

02840

4. Business Phone No.

(401) 849-2300

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Peter M. DiBari

Vice President Name

Peter S. Damon

Street Address

24 School Street

Street Address

24 School Street

City

Newport

State

RI

Zip

02840

City

Newport

State

RI

Zip

02840

Secretary Name

Patrick Noel Sullivan

Treasurer Name

Donald S. McCall

Street Address

24 School Street

Street Address

24 School Street

City

Newport

State

RI

Zip

02840

City

Newport

State

RI

Zip

02840

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Peter M. DiBari

Director Name

~~William W. Humphrey, Jr.~~

Street Address

24 School Street

Street Address

24 School Street

City

Newport

State

RI

Zip

02840

City

Newport

State

RI

Zip

02840

Director Name

Mary C. Johnstone

Director Name

None

Street Address

24 School Street

Street Address

City

Newport

State

RI

Zip

02840

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

5,000 NO PAR VALUE

Number of Shares

Class/Series

Par Value

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: 2/24/03

Check No.: 66854

By: S

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

5

Form 630 12/02



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

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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

7887

2. Name of Corporation

Human Services Development, Inc.

3. Street Address Principal Business Office

24 School Street

City

Newport

State

RI

Zip

02840

4. Business Phone No.

(401) 849-2300

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Peter M. DiBari

Vice President Name

Peter S. Damon

Street Address

24 School Street

Street Address

24 School Street

City

Newport

State

RI

Zip

02840

City

Newport

State

RI

Zip

02840

Secretary Name

Patrick Noel Sullivan

Treasurer Name

Donald S. McCall

Street Address

24 School Street

Street Address

24 School Street

City

Newport

State

RI

Zip

02840

City

Newport

State

RI

Zip

02840

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

Director Name

Peter M. DiBari

Director Name

William W. Humphrey, Jr.

Street Address

24 School Street

Street Address

24 School Street

City

Newport

State

RI

Zip

02840

City

Newport

State

RI

Zip

02840

Director Name

Mary C. Johnstone

Director Name

None

Street Address

24 School Street

Street Address

City

Newport

State

RI

Zip

02840

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

5,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

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: 02-25-02

Check No.: 60648

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.

Signature of Officer

Peter M. DiBari

2/18/02

Date

Print or Type Name of Officer

President

Title of Officer

5

Form 630 12/01



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

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



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. **7887** 2. Name of Corporation
Human Services Development, Inc.

3. Street Address Principal Business Office City State Zip
24 School Street **Newport** **RI** **02840**
4. Business Phone No. 5. State of Incorporation 6. SIC Code
(401) 849-2300 **RHODE ISLAND** **8882**

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) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Peter M. DiBari

Street Address

24 School Street

City State Zip
Newport **RI** **02840**

Secretary Name

William J. Corcoran

Street Address

24 School Street

City State Zip
Newport **RI** **02840**

Vice President Name

Mary C. Johnstone

Street Address

24 School Street

City State Zip
Newport **RI** **02840**

Treasurer Name

Donald S. McCall

Street Address

24 School Street

City State Zip
Newport **RI** **02840**

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

Director Name

Peter M. DiBari

Street Address

24 School Street

City State Zip
Newport **RI** **02840**

Director Name

Mary C. Johnstone

Street Address

24 School Street

City State Zip
Newport **RI** **02840**

Director Name

William W. Humphrey, Jr.

Street Address

24 School Street

City State Zip
Newport **RI** **02840**

Director Name

None

Street Address

City State Zip

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

5000 NO PAR VAL

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

ISSUED SHARES

Number of Shares Class/Series Par Value

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: 3/5

Check No.: 56186

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.

Signature of Officer [Signature] Date 3/2/01

Peter M. DiBari

Print or Type Name of Officer

President

Title of Officer



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



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.

7887

2. Name of Corporation

Human Services Development, Inc.

3. Street Address Principal Business Office

24 School Street

City

Newport

State

RI

Zip

02840

4. Business Phone No.

(401) 849-2300

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Peter M. DiBari

Street Address

24 School Street

City

Newport

State

RI

Zip

02840

Secretary Name

~~Shirley Cherry~~

Street Address

24 School Street

City

Newport

State

RI

Zip

02840

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Peter M. DiBari

Street Address

24 School Street

City

Newport

State

RI

Zip

02840

Director Name

~~Mary C. Johnstone~~

Street Address

24 School Street

City

Newport

State

RI

Zip

02840

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

5000 NO PAR VAL

Vice President Name

~~XXXXXX~~ Mary C. Johnstone

Street Address

24 School Street

City

Newport

State

RI

Zip

02840

Treasurer Name

~~Peter Merritt~~

Street Address

24 School Street

City

Newport

State

RI

Zip

02840

Director Name

~~XXXXXX~~ William W. Humphrey, Jr.

Street Address

24 School Street

City

Newport

State

RI

Zip

02840

Director Name

None

Street Address

City

State

Zip

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

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: 2/7/00

Check No.: 51039

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.

[Signature] 1/31/00
Signature of Officer Date

Peter M. DiBari

Print or Type Name of Officer
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. 7887		2. Name of Corporation Human Services Development, Inc.	
3. Street Address Principal Business Office 24 School Street		City Newport	State RI
4. Business Phone No. (401) 849-2300		5. State of Incorporation RHODE ISLAND	
6. SIC Code 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) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Peter M. DiBari		Vice President Name Dennis McCoy	
Street Address 24 School Street		Street Address 24 School Street	
City Newport	State RI	City Newport	State RI
Zip 02840		Zip 02840	
Secretary Name DEBORAH DUNN Shirley Cherry		Treasurer Name Peter Merritt	
Street Address 24 School Street		Street Address 24 School Street	
City Newport	State RI	City Newport	State RI
Zip 02840		Zip 02840	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Peter DiBari		Director Name Robert Maddock	
Street Address 24 School Street		Street Address 24 School Street	
City Newport	State RI	City Newport	State RI
Zip 02840		Zip 02840	
Director Name Mary Jonstone		Director Name None	
Street Address 24 School Street		Street Address None	
City Newport	State RI	City None	State None
Zip 02840		Zip None	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
5000 NO PAR VAL		None	
Par Value		Par Value	

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



File Date: **Feb 22, 99**
Check No.: **416891**
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.

Signature of Officer: **[Signature]** Date: **2/19/99**
Print or Type Name of Officer: **Peter M. DiBari**
Title of Officer: **President**



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

7887

2. Name of Corporation

Human Services Development, Inc.

3. Street Address Principal Business Office

24 School Street

City

Newport

State

RI

Zip

02840

4. Business Phone No.

(401) 849-2300

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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

Peter M. DiBari

Street Address

24 School Street

City

Newport

State

RI

Zip

02840

Secretary Name

Peter Merritt

Street Address

24 School Street

City

Newport

State

RI

Zip

02840

Vice President Name

Mary Jonstone

Street Address

24 School Street

City

Newport

State

RI

Zip

02840

Treasurer Name

Dennis McCoy

Street Address

24 School Street

City

Newport

State

RI

Zip

02840

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

Director Name

Peter M. DiBari

Street Address

24 School Street

City

Newport

State

RI

Zip

02840

Director Name

Mary Jonstone

Street Address

24 School Street

City

Newport

State

RI

Zip

02840

Director Name

Robert Maddock

Street Address

24 School Street

City

Newport

State

RI

Zip

02840

Director Name

None

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

5000 NO PAR VAL

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

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: 3.5.98

Check No.: 42120

By: LP

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

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. **7887** 2. Name of Corporation **Human Services Development, Inc.**

3. Street Address Principal Business Office **24 School Street** City **Newport** State **RI** Zip **02840**

4. Business Phone No. **(401) 849-2300** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **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 Peter M. DiBari	Vice President Name Mary Jonstone
Street Address 24 School Street	Street Address 24 School Street
City Newport State RI Zip 02840	City Newport State RI Zip 02840
Secretary Name Peter Merritt	Treasurer Name Dennis McCoy
Street Address 24 School Street	Street Address 24 School Street
City Newport State RI Zip 02840	City Newport State RI Zip 02840

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

Director Name Peter M. DiBari	Director Name Robert Maddock
Street Address 24 School Street	Street Address 24 School Street
City Newport State RI Zip 02840	City Newport State RI Zip 02840
Director Name Mary Johnstone	Director Name None
Street Address 24 School Street	Street Address
City Newport State RI Zip 02840	City State Zip

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

AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	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



File Date: **2-18-97**

Check No.: **37518**

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.

[Signature] **2-13-1997**

Signature of Officer Date

Peter M. DiBari

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. 7887		2. NAME OF CORPORATION Human Services Development, Inc.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 24 School Street		CITY Newport	STATE RI	ZIP CODE 02840	
4. BUSINESS PHONE NO. (401) 849-2300		5. STATE OF INCORPORATION RHODE ISLAND		6. SIC CODE 6882	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Provision of social services					
8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME Peter M. DiBari			VICE PRESIDENT NAME Mary Johnstone		
STREET ADDRESS 24 School Street			STREET ADDRESS 24 School Street		
CITY Newport	STATE RI	ZIP CODE 02840	CITY Newport	STATE RI	ZIP CODE 02840
SECRETARY NAME Peter Merritt			TREASURER NAME Dennis McCoy		
STREET ADDRESS 24 School Street			STREET ADDRESS 24 School Street		
CITY Newport	STATE RI	ZIP CODE 02840	CITY Newport	STATE RI	ZIP CODE 02840
9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME Peter M. DiBari			DIRECTOR NAME Robert Maddock		
STREET ADDRESS 24 School Street			STREET ADDRESS 24 School Street		
CITY Newport	STATE RI	ZIP CODE 02840	CITY Newport	STATE RI	ZIP CODE 02840
DIRECTOR NAME Mary Johnstone			DIRECTOR NAME		
STREET ADDRESS 24 School Street			STREET ADDRESS		
CITY Newport	STATE RI	ZIP CODE 02840	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
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.

File Date:

Check No:

By:

Signature of Officer

Peter M. DiBari

Print or Type Name of Officer

President

Title of Officer

Date

For Secretary of State Use Only

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

Corporate ID: 0007887

Annual Report for the year: 1995

Name of Corporation: Human Services Development, Inc.

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

For foreign entity, address and telephone number of principal office:

N/A

Business Entity is (check one):

☒ Business Corporation (See RIGL Chapter 7-1.1)

☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

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

Provision of social services

Phone: ()

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

24 School Street
 Newport, RI 02840

Phone: (401) 849-2300

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Peter M. DiBari	24 School Street	Newport, RI	02840
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Robert Maddock	15 Old Beach Road	Newport, RI	02840
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Mary Johnstone	24 School Street	Newport, RI	02840
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
Dennis McCoy	24 School Street	Newport, RI	02840

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Peter M. DiBari	24 School Street	Newport, RI	02840
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Robert Maddock	15 Old Beach Road	Newport, RI	02840
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Joseph M. Hall	15 Old Beach Road	Newport, RI	02840

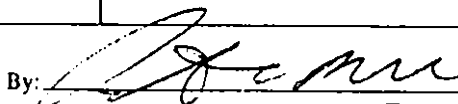
NUMBER OF SHARES AUTHORIZED (Rider may be attached)

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares: 5,000
 Class / Series: Common

Number of Shares:
 Class / Series:

Date: March 18, 1995

By: 

PRINT OR TYPE NAME OF OFFICER SIGNING

Peter M. DiBari

TITLE OF OFFICER SIGNING

President

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

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

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

PAID
 MAR 23 1995
 SEC. OF STATE
 KID 28847

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

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

Corporate ID: 0007887 Annual Report for the year: 1994

Name of Business Entity: HUMAN SERVICES DEVELOPMENT, INC.

Business entity organized under the laws of the State of Rhode Island

Federal Taxpayer Identification Number: _____

For foreign entity, address and telephone number of principal office:

Phone: () _____

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

24 School Street
Newport, RI 02840

Phone: (401) 849-2300

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)

Name, title and mailing address of contact person to whom communications may be directed:

The President

(see below for address)

Brief statement of the character of business conducted in Rhode Island:
Provision of social services

Date of Organization: 6-25-84

Date of Qualification to do business in Rhode Island (if foreign entity): _____

THE NAMES OF THE OFFICERS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input type="checkbox"/> PRESIDENT (Check One) <u>Peter M. DiBari</u>	<u>24 School Street</u>	<u>Newport, RI</u>	<u>02840</u>
<input checked="" type="checkbox"/> CHIEF OPERATING OFFICER OR <input type="checkbox"/> VICE PRESIDENT (Check One) <u>Robert Maddock</u>	<u>15 Old Beach Road</u>	<u>Newport, RI</u>	<u>02840</u>
<input type="checkbox"/> CLERK OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One) <u>Mary Johnstone</u>	<u>24 School Street</u>	<u>Newport, RI</u>	<u>02840</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One) <u>William J. Humphrey</u>	<u>24 School Street</u>	<u>Newport, RI</u>	<u>02840</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Peter M. DiBari</u>	<u>24 School Street</u>	<u>Newport, RI</u>	<u>02840</u>
<u>Robert Maddock</u>	<u>15 Old Beach Road</u>	<u>Newport, RI</u>	<u>02840</u>
<u>Joseph M. Hall</u>	<u>15 Old Beach Road</u>	<u>Newport, RI</u>	<u>02840</u>

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 5,000

CLASS common

SERIES

PAR VALUE OR

WITHOUT PAR no par

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER

CLASS

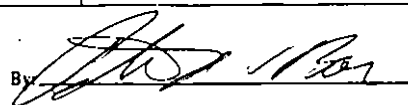
SERIES

PAR VALUE OR

WITHOUT PAR

Date March, 1994

By



Peter M. DiBari
PRINT OR TYPE NAME OF OFFICER SIGNING

President
TITLE OF OFFICER SIGNING

Form 31 1/94

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

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 24 1994

By MES9 A24694

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903Corporate ID 0007827 Annual Report for the year 1993FIRST: The name of the corporation is Human Services Development, Inc.SECOND: It is incorporated under the laws of Rhode IslandTHIRD: Character of business, briefly stated, is Provision of social services

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 24 School St., Newport, RI 02840Q04A20560

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

Name	Office	Address (including number, street, zip code)
Peter M. DiBari	Director C.E.O.	Child & Family Services 24 School Street, Newport, RI 02840
Joseph M. Hall	Director Director Vice-Chairman	15 Old Beach Road, Newport, RI 02840
Peter M. DiBari	President	24 School Street, Newport, RI 02840
William J. Humphrey, Jr.	Chairman of Board Vice President	" " "
Mary Jennings	Secretary	" " "
Peter Capodilupo	Treasurer	" " "

SEVENTH: Number of Shares authorized:

No. of Shares
5,000

Class

Series

Par Value
or statement that
shares are without
par value
no par

MAR 15 1993

EIGHTH: Number of Shares issued: SHOWN OF STATE

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par valueDated March 1, 19 93Human Services Development, Inc.
(Name of Corporation)By Peter M. DiBari
Title President

(Report must be signed by an officer)

Filing Fee \$50.00

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Nov 17/93 To be filed annually between
January 1st and March 1st

Corporate ID 0007887 Annual Report for the year 1992

FIRST: The name of the corporation is Human Services Development, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is provision of social services

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 24 School St., Newport, RI 02840

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

Name	Office	Address (including number, street, zip code)
Peter M. DiBari	C.E.O. Director	Child & Family Services, 24 School St. Newport, RI
Joseph M. Hall	Director Vice-Chairman Director	15 Old Beach Road, Newport, RI 02840
Peter M. DiBari	President Chairman of Board	24 School Street, Newport, RI 02840
William J. Humphrey, Jr.	Vice President	" " "
Mary Jennings	Secretary	" " "
Peter Capodilupo	Treasurer	" " "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
5,000			No par

EIGHTH: Number of Shares issued:

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

Dated February 21, 1992

(Report must be signed by an officer)

Human Services Development, Inc.
(Name of Corporation)

By Peter M. DiBari
Title President

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0007887 Annual Report for the year 1991

FIRST: The name of the corporation is Human Services Development, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is provision of social services

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

FIFTH: Business address in Rhode Island 24 School St., Newport, RI 02840

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

Name	Office	Address (including number, street, zip code)
Peter M. DiBari	C.E.O. Director	Child & Family Services, 24 School St., Newport, RI 0284
William J. Humphrey, Jr.	Director Vice-Chairman	P.O. Box 39, Tiverton, RI 02878
Peter M. DiBari	President	24 School St., Newport, RI 02840
James Mason	Chairman of Board Vice President	110 Lepes Rd., Portsmouth, RI
Mary Jennings	Secretary	Beacon Hill Road, Newport, RI 02840
Peter Capodilupo	Treasurer	51 Hilltop Dr., Portsmouth, RI 02871

SEVENTH: Number of Shares authorized:

No. of Shares	Class
5,000	

Par Value
or statement that
shares are without
par value

NO par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series

Par Value
or statement that
shares are without
par value

Dated February 20, 19 91

Human Services Development, Inc.
(Name of Corporation)

By

Title President & C.E.O.

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903Corporate ID 0007887 Annual Report for the year 1990FIRST: The name of the corporation is Human Services Development, Inc.SECOND: It is incorporated under the laws of Rhode IslandTHIRD: Character of business, briefly stated, is provision of social services

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 24 School St., Newport, RI 02840

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Peter M. DiBari	President & C.E.O.	Child & Family Services, 24 School St., Newport, RI 02840
	Director	
	Director	
	Director	
James Mason	President	110 Lepes Rd., Portsmouth, RI 02871
William Humphrey, Jr.	Vice President	P.O. Box 39, Tiverton, RI 02878
Mary Jennings	Secretary	Beacon Hill Road, Newport, RI 02840
Peter Capodilupo	Treasurer	51 Hilltop Dr., Portsmouth, RI 02871

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

5,000

Without par value

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par valuePAID
FEB 21 1990

SECY. OF STATE

Human Services Development, Inc.

(Name of Corporation)

By

Title President & C.E.O.Dated February 14 19 90

(Report must be signed by an officer)

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, RHODE ISLAND 02903

Corporate ID 0007887

Annual Report for the year 1989

FIRST: The name of the corporation is Human Services Development, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is provision of social services

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

FIFTH: Business address in Rhode Island 24 School St., Newport, RI02840

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Peter M. DiBari, President & Director
C.E.O.

Child & Family Services, 24 School St.
Newport, RI 02840

Director

Director

Nancy L. Peterson

President

11 Oakwood Terrace, Newport, RI02840

James Mason

Vice President

110 Lepes Rd., Portsmouth, RI 02871

Donna Maytum

Secretary

24 Van Zandt Ave., Newport, RI02840

Peter Damon

Treasurer

Bank of Newport, P.O. Box 450
Newport, RI 02840

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

5,000

Without par value

PAID

EIGHTH: Number of Shares issued:

FEB 21 1990

No. of Shares

Class

SECY. OF STATE

Par Value
or statement that
shares are without
par value

Dated February 14, 1990 19

Human Services Development, Inc.

(Name of Corporation)

By

Peter M. DiBari

President and C.E.O.

Title

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

0007887

Corporate ID.....

Annual Report for the year 1989 *8* *SP*

FIRST: The name of the corporation is Human Services Development, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is provision of social services

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

FIFTH: Business address in Rhode Island 24 School St., Newport, RI 02840

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Peter M. DiBari	C.E.O. Director	Child & Family Services, 24 School St. Newport, RI 02840
	Director	
	Director	
Nancy L. Peterson	President	11 Oakwood Terrace, Newport, RI
James Mason	Vice President	110 Lepes Rd., Portsmouth, RI
Donna Maytum	Secretary	24 Van Zandt Ave., Newport, RI
Peter Damon	Treasurer	Bank of Newport, P.O. Box 450, Newport

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

5,000

Without par value

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

Dated March 13 1989

Human Services Development, Inc.

(Name of Corporation)

By *Peter M. DiBari*

Title President and C.E.O.

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903Corporate ID 7887 Annual Report for the year 1988FIRST: The name of the corporation is Human Services Development, Inc.SECOND: It is incorporated under the laws of Rhode IslandTHIRD: Character of business, briefly stated, is Provision of social services

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 24 School St., Newport, RI 02840

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

Name	Office	Address (including number, street, zip code)
Peter M. DiBari	Director	Child & Family Services of Newport County 24 School St., Newport, RI 02840
	Director	
	Director	
Nancy L. Peterson	President	11 Oakwood Terrace, Newport, RI 02840
James Mason	Vice President	110 Lepes Rd., Portsmouth, RI 02871
Donna Maytum	Secretary	24 Van Zandt Ave., Newport, RI 02840
Peter Damon	Treasurer	Savings Bank of Newport, P.O. 450 Newport, RI 02840

SEVENTH: Number of Shares authorized:

No. of Shares

Class

PAID Series

Par Value
or statement that
shares are without
par value

JUN 6 1988

Without par value

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par valueDated May 6, 19 88

Human Services Development, Inc.

(Name of Corporation)

By Title Executive Director

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....7887..... Annual Report for the year.....1987.....

FIRST: The name of the corporation is.....Human Services Development, Inc.....

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

THIRD: Character of business, briefly stated, is.....provision of social services.....

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

FIFTH: Business address in Rhode Island.....24 School St., Newport, RI 02840.....

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

Name

Office

Address (including number, street, zip code)

Peter M. DiBari

Director

Child & Family Services of Newport
County, 24 School St., Newport, RI 02840

Director

Director

David B. Bazarsky

President

31 Brenton Cove, Harrison Ave., Newport

Nancy Peterson

Vice President

11 Oakwood Terrace, Newport, RI

Donna Maytum

Secretary

24 Van Zandt Ave. Newport, RI

Peter Damon

Treasurer

Savings Bank of Newport, P.O. Box 450

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

MAR 18 1987

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

5,000

PAID
FEB 10 1987
SEC'Y OF STATE

Without par value

Dated February 5 19 87

Human Services Development, Inc.

(Name of Corporation)

By

Title Executive Director

(Report must be signed by an officer)

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 the laws of Rhode Island

THIRD: Character of business, briefly stated, is provision of social services

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 24 School St., Newport, RI 02840

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

Name	Office	Address (including number, street, zip code)
Peter M. DiBari	Director	Child and Family Services, 24 School St., Newport, RI 02840
	Director	
	Director	
David G. Bazarsky	President	31 Brenton Cove Road, Harrison St., Newport, RI
Edward Whelan	Vice President	77 Ayrault St., Newport, RI
Donna Maytum	Secretary	24 Van Zandt Avenue, Newport, RI 02840
Peter Damon	Treasurer	Savings Bank of Newport, P.O. Box 450, Newport

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
5,000			Without par value

EIGHTH: Number of Shares issued:

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

03/17/86 PAID

Dated February 28, 1986 19 86

(Report must be signed by an officer)

Human Services Development, Inc.

(Name of Corporation)

By Peter M. DiBari

Title Executive Director

AC INC. 6/25/84 01417

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

CORPORATE ID: 7887

Annual Report for the year 1985

FIRST: The name of the corporation is Human Services Development, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is provision of social services

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 24 School St., Newport, RI 02840

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Peter M. DiBari	Director	Child & Family Services, 24 School St., Newport
	Director	
	Director	
David G. Bazarsky	President	31 Brenton Cove, Harrison Ave., Newport, RI
Edward Whelan	Vice President	77 Ayrault St., Newport, RI
Donna Maytum	Secretary	24 Van Zandt Ave., Newport
Peter Damon	Treasurer	280 Indian Ave., Middletown, 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
5,000			Without par value

EIGHTH: Number of Shares issued:

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

Dated: October 22 19 85

Human Services Development, Inc.

(Name of Corporation)

By

Peter M. DiBari

Title Director

(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