

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. 104462		2. Name of Corporation ADCARE CRIMINAL JUSTICE SERVICES, INC.			
3. Street Address Principal Business Office 5 NORTHAMPTON STREET			City WORCESTER	State MA	Zip 01605
4. Business Phone No. 508-799-9000		5. State of Incorporation MA			6. SIC Code 9886
7. Brief Description of the Character of Business Conducted in Rhode Island RECOVERY SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name STEVEN K. VALLE			Vice President Name LISA TALBOT		
Street Address 11 NAHANT STREET			Street Address 61 HILL STREET		
City MARBLEHEAD	State MA	Zip 01945	City NEW BEDFORD	State MA	Zip 02740
Secretary Name LOIS M. SCOTT			Treasurer Name JEFFREY W. HILLIS		
Street Address 32 AIRPORT ROAD			Street Address 5 COLD SPRING LANE		
City NORTH GRAFTON	State MA	Zip 01536	City HUDSON	State MA	Zip 01749
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name DAVID W. HILLIS			Director Name DAVID B. NAVIN		
Street Address 17 MONTCLAIR DRIVE			Street Address 235 OSPREY ROAD		
City WORCESTER	State MA	Zip 01609	City MATUNUCK	State RI	Zip 02879
Director Name RONALD F. PIKE, M.D.			Director Name DAVID W. HILLIS, JR.		
Street Address 19 KALAMAT FARMS CIRCLE			Street Address 107 LINCOLN STREET		
City SHREWSBURY	State MA	Zip 01545	City WORCESTER	State MA	Zip 01605
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
15,000	COMMON	NO PAR	100	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 **FILED**
Check No. **DEC 12 2005**
By: M85017
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 Jeffrey W. Hillis Date 12/5/05
Print or Type Name of Officer
Title of Officer Treasurer

AdCare Criminal Justice Services, Inc.
Rhode Island-Profit Corporation Annual Report
For the Year Ending September 30, 2005

Federal Identification No. 04-3051653

NAME OF OFFICE	NAME	ADDRESSES	EXPIRATION OF TERM OF OFFICE
DIRECTOR	JAMES F. MCKENNA	107 LINCOLN STREET WORCESTER, MA 01605	*
DIRECTOR	PATRICE M. MUCHOWSKI, SC.D.	107 LINCOLN STREET WORCESTER, MA 01605	*
DIRECTOR	DONALD L. HALL	4 OLD COLONY DRIVE WESTBORO, MA 01581	*
DIRECTOR	PHILIP D. PETERS	791 FRANK SMITH ROAD LONGMEADOW, MA 01106	*
DIRECTOR	CHRISTINE JUDYCKI-CREPEAULT	107 LINCOLN STREET WORCESTER, MA 01605	*

* Until successor is elected and duly qualified.

FILED
DEC 12 2005
By CSM

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

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

1. Corporate ID No. 104462		2. Name of Corporation ADCARE CRIMINAL JUSTICE SERVICES, INC.	
3. Street Address Principal Business Office 5 NORTHAMPTON STREET		City WORCESTER	State MA
4. Business Phone No. 508-799-9000		5. State of Incorporation MA	Zip 01605
7. Brief Description of the Character of Business Conducted in Rhode Island RECOVERY SERVICES		6. SIC Code 9886	
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name STEVEN K. VALLE		Vice President Name LISA TALBOT	
Street Address 11 NAHANT STREET		Street Address 61 HILL STREET	
City MARBLEHEAD	State MA	City NEW BEDFORD	State MA
Zip 01945		Zip 02740	
Secretary Name LOIS M. SCOTT		Treasurer Name JEFFREY W. HILLIS	
Street Address 32 AIRPORT ROAD		Street Address 5 COLD SPRING LANE	
City N. GRAFTON	State MA	City HUDSON	State MA
Zip 01536		Zip 01749	
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name DAVID W. HILLIS		Director Name DAVID B. NAVIN	
Street Address 17 MONTCLAIR DRIVE		Street Address 235 OSPREY ROAD	
City WORCESTER	State MA	City MATUNUCK	State RI
Zip 01609		Zip 02879	
Director Name RONALD F. PIKE, M.D.		Director Name DAVID W. HILLIS, JR.	
Street Address 19 KALAMAT FARMS CIRCLE		Street Address 107 LINCOLN STREET	
City SHREWSBURY	State MA	City WORCESTER	State MA
Zip 01545		Zip 01605	
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	
15,000	COMMON	NO PAR	

File Date 2/26/04
Check No. 204896
By: 18.
FOR SECRETARY OF STATE USE ONLY

Signature of Officer David W. Hillis Date 2/20/04

Print/or Type Name of Officer DAVID W. HILLIS

Title of Officer Chairman

Adcare Criminal Justice Services, Inc.
Rhode Island - Profit Corporation Annual Report for the Year Ending
September 30, 2003
Federal Identification No. 04-3051653
Corporate ID No. 104462

<i>Name of Office</i>	<i>Name</i>	<i>Addresses</i>	<i>Expiration of Term of Office</i>
Director	James F. McKenna	107 Lincoln Street Worcester, MA 01605	*
Director	Patrice M. Muchowski, Sc.D.	107 Lincoln Street Worcester, MA 01605	*
Director	Donald L. Hall	4 Old Colony Drive Westboro, MA 01581	*
Director	Philip D. Peters	791 Frank Smith Road Longmeadow, MA 01106	*
Director	Christine Judycki-Crepeault	107 Lincoln Street Worcester, MA 01605	*

* Until successor is elected and duly qualified



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 IN BLACK)

1. Corporate ID No. 104462		2. Name of Corporation AdCare Recovery Services, Inc.		
3. Street Address Principal Business Office 107 Lincoln Street		City Worcester	State MA	Zip 01605
4. Business Phone No. 508-799-9000		5. State of Incorporation MA		6. SIC Code 9886

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

Diagnosis and treatment relative to substance abuse and addiction.

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

President Name Stephen K. Valle			Vice President Name None		
Street Address 11 Nahant Street			Street Address		
City Marblehead	State MA	Zip 01945	City	State	Zip
Secretary Name Lois M. Scott			Treasurer Name Jeffrey W. Hillis		
Street Address 32 Airport Road			Street Address 5 Cold Spring Lane		
City North Grafton	State MA	Zip 01536	City Hudson	State MA	Zip 01749

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

Director Name Stephen K. Valle			Director Name David W. Hillis		
Street Address 11 Nahant Street			Street Address 17 Montclair Drive		
City Marblehead	State MA	Zip 01945	City Worcester	State MA	Zip 01609
Director Name Jeffrey W. Hillis			Director Name David B. Navin		
Street Address 5 Cold Spring Lane			Street Address 235 Osprey Road		
City Hudson	State MA	Zip 01749	City Matunuck	State RI	Zip 02879

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
15,000	Common	no par	100	Common	no par

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

FILED

File Date JAN 23 2003

Check No. By [Signature]

By 310.388-0000

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

Jeffrey W. Hillis

Treasurer

9. Names and Addresses of Additional Directors:

<i>Director Name</i> Ronald F. Pike, M.D.			<i>Director Name</i> David W. Hillis, Jr.		
<i>Street Address</i> 19 Kalamat Farms Circle			<i>Street Address</i> P. O. Box 531		
<i>City</i> Shrewsbury	<i>State</i> MA	<i>Zip</i> 01545	<i>City</i> Charlton	<i>State</i> MA	<i>Zip</i> 01508
<i>Director Name</i> James F. McKenna			<i>Director Name</i> Patrice M. Muchowski		
<i>Street Address</i> 58 Old Stone Church Road			<i>Street Address</i> 17 Montclair Drive		
<i>City</i> Little Compton	<i>State</i> RI	<i>Zip</i> 02837	<i>City</i> Worcester	<i>State</i> MA	<i>Zip</i> 01609
<i>Director Name</i> Donald L. Hall			<i>Director Name</i> Philip D. Peters		
<i>Street Address</i> 4 Old Colony Drive			<i>Street Address</i> 71 Frank Smith Road		
<i>City</i> Westboro	<i>State</i> MA	<i>Zip</i> 01581	<i>City</i> Longmeadow	<i>State</i> MA	<i>Zip</i> 01106
<i>Director Name</i> Cristine Judycki-Crepeault					
<i>Street Address</i> 10 Hingham Road					
<i>City</i> North Grafton	<i>State</i> MA	<i>Zip</i> 01536			



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. 104462 2. Name of Corporation AdCare Recovery Services, Inc.
3. Street Address Principal Business Office 107 Lincoln Street City Worcester State MA Zip 01605
4. Business Phone No. 508-799-9000 5. State of Incorporation MA 6. SIC Code 9886

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

Diagnosis and treatment relative to substance abuse and addiction.

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

President Name

Stephen K. Valle

Vice President Name

None

Street Address

11 Nahant Street

Street Address

City

Marblehead

State

MA

Zip

01945

City

State

Zip

Secretary Name

Ronald F. Pike

Treasurer Name

David B. Navin

Street Address

19 Kalamat Farms Circle

Street Address

235 Osprey Road

City

Shrewsbury

State

MA

Zip

01545

City

Matunuck

State

RI

Zip

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

Director Name

David W. Hillis

Director Name

Stephen K. Valle

Street Address

17 Montclair Drive

Street Address

11 Nahant Street

City

Worcester

State

MA

Zip

01609

City

Marblehead

State

MA

Zip

01945

Director Name

David B. Navin

Director Name

Ronald F. Pike

Street Address

235 Osprey Road

Street Address

19 Kalamat Farms Circle

City

Matunuck

State

RI

Zip

Zip

01545

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

15,000

Common

no par

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

no par

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

FILED

File Date:

JAN 23 2003

Check No.:

By [Signature] 310388

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

David B. Navin

Print or Type Name of Officer

Treasurer

Title of Officer

5

Date

Treasurer 6/25/02

AdCare Recovery Services, Inc.
Corporate I.D. No. 104462
2002 Annual Report

9. Continued

David W. Hillis, Jr.
P. O. Box 531
Charlton City, MA 01508

Jeffrey W. Hillis
5 Cold Spring Lane
Hudson, MA 01749

James F. McKenna
58 Old Stone Church Road
Little Compton, RI 02837

Patrice M. Muchowski, Sc.D.
17 Montclair Drive
Worcester, MA 01609



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
401-222-3046



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. 104462
2. Name of Corporation AdCare Recovery Services, Inc. *OK*
3. Street Address Principal Business Office 107 Lincoln Street
City Worcester State MA Zip 01605
4. Business Phone No. 508-799-9000
5. State of Incorporation MA
6. SIC Code 9886

7. Brief Description of the Character of Business Conducted in Rhode Island
Diagnosis and treatment relative to substance abuse and addiction.

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

President Name Stephen K. Valle Street Address 11 Nahant Street City Marblehead State MA Zip 01945 Secretary Name Ronald F. Pike Street Address 19 Kalamat Farms Circle City Shrewsbury State MA Zip 01545	Vice President Name None Street Address City State Zip Treasurer Name David B. Navin Street Address 235 Osprey Road City Matunuck State RI Zip Director Name Stephen K. Valle Street Address 11 Nahant Street City Marblehead State MA Zip 01945 Director Name Ronald F. Pike Street Address 19 Kalamat Farms Circle City Shrewsbury State MA Zip 01545
---	---

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

Director Name David W. Hillis Street Address 17 Montclair Drive City Worcester State MA Zip 01609 Director Name David B. Navin Street Address 235 Osprey Road City Matunuck State RI Zip	Director Name Stephen K. Valle Street Address 11 Nahant Street City Marblehead State MA Zip 01945 Director Name Ronald F. Pike Street Address 19 Kalamat Farms Circle City Shrewsbury State MA Zip 01545
---	---

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	15,000	Common	no par

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100	Common	no par

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

FILED

File Date: JAN 23 2003

Check No.: By G/M 310388

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.

David B. Navin Treasurer 4/25/03
Signature of Officer Date

David B. Navin

Print or Type Name of Officer

Treasurer

Title of Officer

AdCare Recovery Services, Inc.
Corporate I.D. No. 104462
2001 Annual Report

9. Continued

David W. Hillis, Jr.
P. O. Box 531
Charlton City, MA 01508

Jeffrey W. Hillis
5 Cold Spring Lane
Hudson, MA 01749

James F. McKenna
58 Old Stone Church Road
Little Compton, RI 02837

Patrice M. Muchowski, Sc.D.
17 Montclair Drive
Worcester, MA 01609



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 02903-1333
401-277-304



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. 104462 2. Name of Corporation AdCare Recovery Services, Inc.
3. Street Address Principal Business Office 107 Lincoln Street City Worcester State MA Zip 01605
4. Business Phone No. (508) 757-4199 5. State of Incorporation Massachusetts 6. SIC Code 9886

7. Brief Description of the Character of Business Conducted in Rhode Island
Substance Abuse Counseling in Correctional Systems

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

President Name Stephen K. Valle Vice President Name
Street Address 11 Nahant Street Street Address
City Marblehead State MA Zip 01945 City State Zip
Secretary Name Lois M. Scott Treasurer Name David B. Navin
Street Address 32 Airport Road Street Address 235 Osprey Road
City North Grafton State MA Zip 01536 City Matunuck State RI Zip 02879

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Director Name David W. Hillis Director Name David B. Navin
Street Address 507 Browning Lane Street Address 235 Osprey Road
City Worcester State MA Zip 01609 City Matunuck State RI Zip 02879
Director Name Stephen K. Valle Director Name
Street Address 11 Nahant Street Street Address
City Marblehead State MA Zip 01945 City State Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
15,000	Common	No Par

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	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: 9-21-00

Check No.: 201838

By: AMF

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 David B. Navin Date 9/19/00

Print or Type Name of Officer David B. Navin

Title of Officer Treasurer

Title of Officer