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.	2. Name of Corporation	on .	· · · · · · · · · · · · · · · · · · ·	· .		
104462	I I I I I I I I I I I I I I I I I I I					
3. Street Address Principal Bus	iness Office		City	State	Zip	
5 NORTHAMPTON S	TREET		WORCESTER	MA	01605	
4. Business Phone No.		5. State of Incorporation	on .		6. SIC Code	
508-799-9000		MA			9886	
7. Brief Description of the Cha.		ucted in Rhode Island	- -		1	
RECOVERY SERVIC						
	S OF THE OFFICERS	("X" BOX FOR ATTACHI	(ENT) FILL IN SPACES BI	FORE USING ATTAC	HMENTS	
President Name			Vice President Name			
STEVEN K. VALLE	· · · · · · · · · · · · · · · · · · ·		LISA TALBOT	•		
Street Address	_		Street Address	<u> </u>		
11 NAHANT STREE	, 	1-	61 HILL STREET	<u> </u>	<u> </u>	
Cliy	State	Zip	City	State	Zip	
MARBLEHEAD	MA	01945	NEW BEDFORD	MA	02740	
Secretary Name			Treasurer Name			
LOIS M. SCOTT			JEFFREY W. HILLIS			
Sircei Address			Street Address			
32 AIRPORT ROAD	· ——-	Υ	5 COLD SPRING		<u> </u>	
City NORTH GRAFTON	State MA	<i>Σiρ</i> 01536	Chy	State	Zip	
		101230	HUDSON	MA	01749	
9. NAMES AND ADDRESSES	OF THE DIRECTOR	S ("X" BOX FOR ATTACE		EFORE USING ATTA	CHMENTS	
Director Name			Director Name			
DAVID W. HILLIS Street Address			DAVID B. NAVIN			
17 MONTCLAIR DR	Tur		Street Address	_		
City	State		235 OSPREY ROA			
WORCESTER	MA	Zip 01609	City	State	Zip	
Director Name		01003	MATUNUCK	RI	02879	
RONALD F. PIKE,	МП		Director Name DAVID W. HILLIS, JR.			
Street Address	и		Constitution W. HILLI	5, JR.	·	
19 KALAMAT FARM	S CIRCLE		Street Address 107 LINCOLN STREET			
City	State	Zip	City	State	12.	
SHREWSBURY	MA	01545	WORCESTER	MA	<i>Zip</i> 01605	
10. SHARES AUTHORIZED ("	X' BOX FOR ATTACHMI		II. SHARES ISSUED ("X" I	<u> </u>	1.	
AUTHORIZED SHARES	· · · · · · · · · · · · · · · · · · ·	—· ············· ,	ISSUED SHARES	ON TOR MITMORIANT	-	
Number of Shares C	lass/Series F		Number of Shares	Class/Series	Par Value	
15,000 (COMMON	NO PAR	100	COMMON		
	·		100	COMMON	NO PAR	
				Į.		

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:	By M8501	\int_{0}^{∞}
FOR SECRE!	ART OF STATE USE ONLY	200

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

Print or Type Name of Officer

The Contained herein are true and correct.

Title of Officer Form 630 12/01

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	† <u>-</u>
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 1 2 2005
By CAM

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

Form 630 12/01

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

(FORM MUST BE TYPED II	N BLACK)				
1. Corporate ID No.	2. Name of Corpora	ation		-	
104462	ADCARE CR	IMINAL JUST	ICE SERVICES, IN	1C.	
3. Street Address Principal II 5 NORTHAMPTON	ousiness willer		City WORCESTER	State	Zip
4. Business Phone No.		5. State of Incorpora	TWORCESTER	MA	01605
508-799-9000		IMA			6. SIC Code 9886
7. Brief Description of the C RECOVERY SERVI	haracier of Business Co	nducted in Rhode Island			
R NAMES AND ADDRESS	CES				
President Name	SES OF THE OFFICE	RS ("X" BOX FOR ATTACE	MENT) FILL IN SPACES B	EFORE USING ATTAC	CHMENTS
STEVEN K. VALLE			Vice President Name		
Street Address			LISA TALBOT		
11 NAHANT STRE	ET		Street Address		
City	State	Zip	61 HILL STREET		
MARBLEHEAD	MA	01945	NEW BEDFORD	State MA	Zip
Secretary Name			Treasurer Name		02740
LOIS M. SCOTT			JEFFREY W. HIL	JJS	
Street Address	_	<u> </u>	Street Address		
32 AIRPORT ROA			5 COLD SPRING	LANE	
N. GRAFTON	State MA	Zip	City	State	Zip
	FS OF THE DIRECTO	01536	HUDSON	MA	• - · · · · · ·
Director Name	SOF THE DIRECTO	KS ("X" BOX FOR ATTAC	HAIEAT) X FILL IN SPACES I	BEFORE USING ATTA	CHMENTS
DAVID W. HILLI	S		Director Name	•	
Sireei Address			DAVID B. NAVIN		
17 MONTCLAIR DI	RIVE		Sireel Address 235 OSPREY ROA	C	
City	State	Zip	City	State	Ta:
WORCESTER	MA	01609	MATUNUCK	RI	Zip 02879
Director Name			Director Name	11/1	102019
RONALD F. PIKE,	<u>M.D.</u>		DAVID W. HILLI	S. JR.	
Street Address	4C OIDGIS		Street Address		
<u>19 KALAMAT FARN</u> City	State	Ta:	107 LINCOLN ST	REET	
SHREWSBURY	MA	Zip 01545	City	State	Zip
10. SHARES AUTHORIZED		(FAT)	WORCESTER	MA	01605
AUTHORIZED SHARES		<u></u>	11. SHARFS ISSUED ("X" B	OX FOR ATTACHMENT)	
1	Class/Series	Par Value	ISSUED SHARES Number of Shares	Ta	, -
15,000				Class/Series	Par Value
	——————————————————————————————————————	NO PAR	100	COMMON	NO PAR
					
his report must be signed	In Inda Landa Landa				
report must be signed	in ink by either the	President, Vice Presi	dent, Secretary, Assistant S	ecretary, 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 Dale 2 2604 Check No. 204896 Signature of Officer DAYIS Pringfor Type Name of Officer ... POR SECRETARY OF STATE USE ONLY Title of Officer

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

Name of Office	Name	Addresses	Expiration of Term of Office
Director	James F. McKenna	107 Lincoln Street	*
Director		Worcester, MA 01605	
Director	Patrice M. Muchowski, Sc.D.	107 Lincoln Street	*
D:	<u> </u>	Worcester, MA 01605	
Director	Donald L. Hall	4 Old Colony Drive	*
		Westboro, MA 01581	
Director	Philip D. Peters	791 Frank Smith Road	*
	1	Longmeadow, MA 01106	
Director	Christine Judycki-Crepeault	107 Lincoln Street	*
	<u> </u>	Worcester, MA 01605	1

^{*} Until successor is elected and duly qualified



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

FOR SECRETARY OF STATE USE ONLY

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

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _2003

(FORM MUST BE TYPED IN I	HLACK)		•		
1. Corporate ID No.	2. Name of Corpor	ration			
104462	. AdCare Re	covery Service	s Inc		
3. Street Address Principal Busin	ness Office	<u>-covery_bervice</u> :	TCiny	State	Zip
107 Lincoln Stre	et "	,	Worcester	MA	01605
4. Business Phone No.		5. State of Incorporation			6 SIC Code
508-799-9000		MA		•	9886
7. Brief Description of the Char	neter of Rusiness Con-	h			9000
	· · · · · · · · · · · · · · · · · · ·			444444	/
			tance abuse and a		
8. NAMES AND ADDRES	SES OF THE <u>OF</u> F	ICERS ("X" BOX FOR A	TACHMENT) FILL IN SPA	CES BEFORE USING AT	TACHMENTS
Stephen K. Valle			Vice President Name None		
Street Address					
Ill Nahant Street			Sireet Address		
			•		
City	State	Zip	City	State	Zip
Marblehead	MA.	01945		<i>.</i>	
Secretary Name			Treasurer Name		
Lois M. Scott			Jeffrey_WHil	lis	
Street Address					
32 Airport Road			. 5 Cold Spring	Lane	
City	State	7.ip	City	State	Zip
North Grafton	MA	01536	· Hudson	MA	01749
9. NAMES AND ADDRES	SES OF THE DIRI	ECTORS ("X" BOX FOR	ATTACHMENT)XIX FILL IN SI	PACES BEFORE USING	ATTACHMENTS
Director Name			Director Name		· · · · · · · · · · · · · · · · · · ·
Stephen K. Valle		•	· David W. Hilli	.S	
Street Address		· ·	Sireet Address	······································	
'll Nahant Street			· 17 Montclair D	rive	
City	State	Zip	·City	State	Zip
•	1				
Marblehead	I MA	1 111945	WATCOCTOT		
Marblehead Director Name	J. MA	01945	Worcester	MA	01609
Director Name)	. 01945	Director Name		01009
Director Name Jeffrey W. Hillis)		Director Name David B. Navin		
Director Name Jeffrey W. Hillis Sirect Address	5	. . 01945	Director Name David B. Navin Street Address		
Director Name Jeffrey W. Hillis Sirect Address	5		Director Name David B. Navin Street Address		
Director Name Jeffrey W. Hillis Sirect Address 5 Cold Spring Law City	nd Store	Zip	David B. Navin Street Address 235_Osprey_Roa	d State	†7.ip
Jeffrey W. Hillis Sircet Address 5 Cold Spring Landing Hudson	nd Sivic MA	Zip 01749	David B. Navin Street Address 235_Osprey_Roa Matunuck	State	7.10 02879
Jeffrey W. Hillis Sirect Address 5 Cold Spring Lat City Hudson 10 SHARES AUTHORIZE	nd Sivic MA	Zip 01749	Director Name David B. Navin Street Address 235_Osprey_Roa City Matunuck 11. SHARES ISSUED ("X"	State	7.10 02879
Jeffrey W. Hillis Sircet Address 5 Cold Spring Landing Hudson 10 SHARES AUTHORIZED SHARES	od Siote MA ED ("X" BOX FOR A	Zip 01749 TTACHMENT []	David B. Navin Street Address 235_Osprey_Roa City Matunuck 11. SHARES ISSUED C'X'' ISSUED SHARES	State RI BOX FOR ATTACHMEN	17.lip 1 02879 17 🛘
Jeffrey W. Hillis Sreet Address 5. Cold Spring Landing Hudson 10. SHARES AUTHORIZED SHARES Number of Shares	od Sivic MA CD ("X" BOX FOR A	Zip 01749 ATTACHMENT) [] Par Value	Director Name David B. Navin Street Address 235_Osprey_Roa City Matunuck 11. SHARES ISSUED ("X" ISSUED SHARES Number of Shares	State RI BOX FOR ATTACHMENT Class/Series	7.10 02879
Jeffrey W. Hillis Sreet Address 5. Cold Spring Landing Hudson 10. SHARES AUTHORIZED SHARES Number of Shares	od Siote MA ED ("X" BOX FOR A	Zip 01749 TTACHMENT []	David B. Navin Street Address 235_Osprey_Roa City Matunuck 11. SHARES ISSUED C'X'' ISSUED SHARES	State RI BOX FOR ATTACHMEN	17.lip 1 02879 17 🛘
Jeffrey W. Hillis Sreet Address 5. Cold Spring Landing Hudson 10. SHARES AUTHORIZED SHARES Number of Shares	od Sivic MA CD ("X" BOX FOR A	Zip 01749 ATTACHMENT) [] Par Value	Director Name David B. Navin Street Address 235_Osprey_Roa City Matunuck 11. SHARES ISSUED ("X" ISSUED SHARES Number of Shares	State RI BOX FOR ATTACHMENT Class/Series	7.ip 02879
Jeffrey W. Hillis Sreet Address 5. Cold Spring Landing Hudson 10. SHARES AUTHORIZED SHARES Number of Shares	od Sivic MA CD ("X" BOX FOR A	Zip 01749 ATTACHMENT) [] Par Value	Director Name David B. Navin Street Address 235_Osprey_Roa City Matunuck 11. SHARES ISSUED ("X" ISSUED SHARES Number of Shares	State RI BOX FOR ATTACHMENT Class/Series	7.ip 02879
Director Name Jeffrey W. Hillis Sircet Address 5 Cold Spring Landing Hudson 10 SHARES AUTHORIZE AUTHORIZED SHARES Number of Shares 15,000	Sivic MA CD ("X" BOX FOR A Class/Series	O1749 OTTACHMENT Par Value no par	David B. Navin Street Address 235_Osprey_Roa City Matunuck 11. SHARES ISSUED ("X" ISSUED SHARES Number of Shares 100	State RI BOX FOR ATTACHMEN Class/Series Common	7.ip 02879 7. O
Director Name Jeffrey W. Hillis Sircet Address 5 Cold Spring Landing Hudson 10 SHARES AUTHORIZE AUTHORIZED SHARES Number of Shares 15,000	Sivic MA CD ("X" BOX FOR A Class/Series	O1749 OTTACHMENT Par Value no par	Director Name David B. Navin Street Address 235_Osprey_Roa City Matunuck 11. SHARES ISSUED ("X" ISSUED SHARES Number of Shares	State RI BOX FOR ATTACHMEN Class/Series Common	7.ip 02879 7. O
Director Name Jeffrey W. Hillis Sircet Address 5 Cold Spring Landing Hudson 10 SHARES AUTHORIZE AUTHORIZED SHARES Number of Shares 15,000	Sivic MA CD ("X" BOX FOR A Class/Series	O1749 OTTACHMENT Par Value no par	David B. Navin Street Address 235_Osprey_Roa City Matunuck 11. SHARES ISSUED ("X" ISSUED SHARES Number of Shares 100	State RI BOX FOR ATTACHMEN Class/Series Common	7.ip 02879 7. O
Director Name Jeffrey W. Hillis Sircet Address 5 Cold Spring Landing Hudson 10 SHARES AUTHORIZE AUTHORIZED SHARES Number of Shares 15,000	Sivic MA CD ("X" BOX FOR A Class/Series	O1749 OTTACHMENT Par Value no par	David B. Navin Street Address 235_Osprey_Roa City Matunuck 11. SHARES ISSUED ("X" ISSUED SHARES Number of Shares 100	State RI BOX FOR ATTACHMEN Class/Series Common	7.ip 02879 7. O
Director Name Jeffrey W. Hillis Sircet Address 5 Cold Spring Landing Hudson 10 SHARES AUTHORIZE AUTHORIZED SHARES Number of Shares 15,000	Sivic MA CD ("X" BOX FOR A Class/Series	O1749 OTTACHMENT Par Value no par	David B. Navin Street Address 235_Osprey_Roa City Matunuck 11. SHARES ISSUED ("X" ISSUED SHARES Number of Shares 100	State RI BOX FOR ATTACHMEN Class/Series Common	7.ip 02879 7. O
Director Name Jeffrey W. Hillis Sircet Address 5 Cold Spring Landing Hudson 10 SHARES AUTHORIZE AUTHORIZED SHARES Number of Shares 15,000	Sivic MA CD ("X" BOX FOR A Class/Series	O1749 OTTACHMENT Par Value no par	Director Name David B. Navin Street Address 235_Osprey_Roa City Matunuck 11. SHARES ISSUED ("X" ISSUED SHARES Number of Shares 100 resident, Secretary, Assista	State RI BOX FOR ATTACHMEN Class/Series Common ant Secretary, Treasu	Par Value no par rer, Receiver or Trustee
Director Name Jeffrey W. Hillis Sircet Address 5 Cold Spring Landing Hudson 10 SHARES AUTHORIZE AUTHORIZED SHARES Number of Shares 15,000	Sivic MA CD ("X" BOX FOR A Class/Series	O1749 OTTACHMENT Par Value no par	Director Name David B. Navin Street Address 235_Osprey_Roa City Matunuck 11. SHARES ISSUED ("X" ISSUED SHARES Number of Shares 100 Under penalty of perju	State RI BOX FOR ATTACHMEN Class/Series Common ant Secretary, Treasu	Par Value no par rer, Receiver or Trustee
Director Name Jeffrey W. Hillis Sircet Address 5 Cold Spring Landing Hudson 10 SHARES AUTHORIZE AUTHORIZED SHARES Number of Shares 15,000	Sivic MA CD ("X" BOX FOR A Class/Series	O1749 OTTACHMENT Par Value no par	Director Name David B. Navin Street Address 235_Osprey_Roa City Matunuck U. SHARES ISSUED ("X" ISSUED SHARES Number of Shares 100 Under penalty of perjuthis report, including a	State RI BOX FOR ATTACHMENT Class/Series Common ant Secretary, Treasu any, I declare and affirm the say accompanying scheduling accompanying accompany	Par Value no par rer, Receiver or Trustee that I have examined ules and statements,
Director Name Jeffrey W. Hillis Sircet Address 5 Cold Spring Landing Hudson 10 SHARES AUTHORIZE AUTHORIZED SHARES Number of Shares 15,000	Sivic MA CD ("X" BOX FOR A Class/Series	O1749 OTTACHMENT Par Value no par	Director Name David B. Navin Street Address 235_Osprey_Roa City Matunuck U. SHARES ISSUED ("X" ISSUED SHARES Number of Shares 100 Under penalty of perjuthis report, including a	State RI BOX FOR ATTACHMEN Class/Series Common ant Secretary, Treasu	Par Value no par rer, Receiver or Trustee that I have examined ules and statements,
Jeffrey W. Hillis Sircet Address 5 Cold Spring Landing Hudson 10 SHARES AUTHORIZE AUTHORIZED SHARES Number of Shares 15,000 This report must be signe	Sivic MA CD ("X" BOX FOR A Class/Series	O1749 OTTACHMENT Par Value no par	Director Name David B. Navin Street Address 235_Osprey_Roa City Matunuck U. SHARES ISSUED ("X" ISSUED SHARES Number of Shares 100 Under penalty of perjuthis report, including a	State RI BOX FOR ATTACHMENT Class/Series Common ant Secretary, Treasu any, I declare and affirm the say accompanying scheduling accompanying accompany	Por Value no par rer, Receiver or Trustee that I have examined ules and statements, e and correct.
Director Name Jeffrey W. Hillis Sircet Address 5 Cold Spring Landing Hudson 10 SHARES AUTHORIZE AUTHORIZED SHARES Number of Shares 15,000	Sivic MA CD ("X" BOX FOR A Class/Series	O1749 O1749 OTTACHMENT Par Value no par r the President, Vice P	Director Name David B. Navin Street Address 235_Osprey_Roa Matunuck 11. SHARES ISSUED ("X" ISSUED SHARES Number of Shares 100 Under penalty of perjuthis report, including a and that all statements	State RI BOX FOR ATTACHMEN Class/Series Common ant Secretary, Treasu ary, I declare and affirm the second are true.	Por Value no par rer, Receiver or Trustee that I have examined ules and statements, e and correct.
Jeffrey W. Hillis Sircet Address 5 Cold Spring Landing Hudson 10 SHARES AUTHORIZE AUTHORIZED SHARES Number of Shares 15,000 This report must be signe	Sivic MA CD ("X" BOX FOR A Class/Series	O1749 O1749 OTTACHMENT Par Value no par r the President, Vice P	Director Name David B. Navin Street Address 235_Osprey_Roa City Matunuck U. SHARES ISSUED ("X" ISSUED SHARES Number of Shares 100 Under penalty of perjuthis report, including a	State RI BOX FOR ATTACHMEN Class/Series Common ant Secretary, Treasu any, I declare and affirm the same accompanying schedule contained herein are true.	Por Value no par rer, Receiver or Trustee that I have examined ules and statements, e and correct.
Jeffrey W. Hillis Sircet Address 5 Cold Spring Lat City Hudson 10 SHARES AUTHORIZE AUTHORIZED SHARES Number of Shares 15,000 This report must be signe	Sivic MA CD ("X" BOX FOR A Class/Series	O1749 O1749 Par Value no par r the President, Vice P	Director Name David B. Navin Street Address 235_Osprey_Roa Matunuck 11. SHARES ISSUED ("X" ISSUED SHARES Number of Shares 100 Under penalty of perjuthis report, including a and that all statements	Class/Series Common Class/Series Common ant Secretary, Treasu any accompanying scheducontailed herein are true	Por Value no par rer, Receiver or Trustee that I have examined ules and statements, e and correct.

9. Names and Addresses of Additional Directors:

Director Name Ronald F. Pike, M.D.		Director Name David W. Hillis, J	r,		
Street Address 19 Kalamat Farms Circle		Street Address P. O. Box 531			
City Shrewsbury	State MA	Zip 01545	City Charlton	State MA	Zip 01508
Director Name James F. McKenna			Director Name Patrice M. Mucho	wski	
Street Address 58 Old Stone Church Road		Street Address !7 Montclair Drive			
City Little Compton	State RI	Zip 02837	City Worcester	State MA	Zip 01609
Director Name Donald L. Hall			Director Name Philip D. Peters		
Street Address 4 Old Colony Dri	ve		Street Address 71 Frank Smith Ro	ad	
City Westboro	State MA	Zip 01581	City Longmeadow	State MA	Zip 01106
<i>Director Name</i> Cristine Judycki-(Crepeault	,		<u> </u>	
Street Address 10 Hingham Road					
City North Grafton	State MA	Zip 01536			



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

GORM MUST BE TYPED IN BL	ACK)				. INSTA
1. Corporate ID No	2. Name of Corpo	ration	 -		
104462	AdCar	e Recovery Servi	ces, Inc.		
3. Street Address Principal Busines	s Office	-	Gity	State	Zip
107 Lincoln Str	eet		Worcester	MA	01605
4. Business Phone No.		5. State of Incorporati	on		6. SIC Code
508-799-9000		MA			9886
7. Hilef Description of the Characte					7000
Diagnosis and t	reatment rel	ative to substan	ce abuse and addicti	on.	
8. NAMES AND ADDRES	SSES OF THE OF	ICERS (*X* BOX FOR ATI	WCHMENT) FILL IN SPACES I	BEFORE USING ATTA	CHMENTS
Clesinent Saine			Vice President Name		
Stephen K. Valle	e		None		
Street Address			Street Address		
ll Nahant Street					
Gity	State	Zip	City	State	ZIp
Marblehead	MA	01945			
Secretary: Name		•	Treasurer Name	•	•
Ronald F. Pike			David B. Navin		
Street Address			Street Address		
19 Kalamat Farms			235 Osprey Road		
City	State	Zip	City	State	ZIp
Shrewsbury	MA .	01545	Matunuck	RI	
9. NAMES AND ADDRES Director Name	SES OF THE DIR	ECTORS ("X" BOX FOR A	ttachment) XX <mark>fill in space</mark> s	S BEFORE USING ATT	ACHMENTS
David W. Hillis			Director Name		
Street Address			Stephen K. Valle		
17 Montclair Dri	310		Street Address		
Tr Honeciall Dil	State	91.	ll Nahant Street		
Worcester	MA	Zip 01600	Chy	State	ZIp
Director Name	LIM	01609	Marblehead	MA .	01945
David B. Navin			Director Name		
itreet Address			Ronald F. Pike		
235 Osprey Road			19 Kalamat Farms	Cinala	
iny	State	Zip	City		•.
Matunuck	RI		Shrewsbury	State	Zip 03.57.5
O. SHARES AUTHORIZE		ACHMENT)	· ·	MA	01545
O. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) UDBORIZED SHARES			11. SHARES ISSUED CX	* BOX FOR ATTACHMENT	7)
Sumber of Shures	Glass/Series	Par Value	Number of Shares	Class/Series	Par Value
15,000	Common	no par	100	Common	70 504
•				Common	no par
		· —————			-
ais report must be signe	ed in ink by eith	er the President, Vico	President, Secretary, Assist	ant Secretary, Treasi	iter, Receiver or Tr
			•	,,	

Tustee

	FILE	
File Date:	JAN 2 3 2003 30, 11.3 25 71	1 114
Check No.:	By 310388	
	Y OF STATE USE ONLY	30

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

Form 630 12/01

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



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

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CORM MUST BE TYPED) IN BLACK)				1.5518(4.1)
1. Corporate ID No. 104462	2. Name of Corp.	AdCare Recov	ery Services, Inc.	OK	
3. Street Address Principal 107 Lincoln			City Worcester	State MA	^{zip} 01605
4. Business Phone No. 508-799-9000)	5. State of Incorporat	เดม		6. SIC Code 9886
7. Brief Description of the C Diagnosis ar	Thoracter of Business Conductered treatment rel	d in Rhode Island .ative to substan	nce abuse and addic	ction.	
8. NAMES AND AD	DRESSES OF THE OF	FICERS (*X * BOX FOR AT	TACHMENT) FILL IN SPACE Vice President Name	S BEFORE USING ATTA	CHMENTS
Step	ohen K. Valle		No	ne .	
Street Address 11 N	Nahant Street		Street Address		
City Marblehead	State MA	^{Zip} 01945	City	State	Zip
Secretory Name Ronald	F. Pike	• • • • • • • • • • • • • • • • • • • •	Treasurer Name David B. N	avin	
Street Address 19 Kalamat I	Farms Circle		Street Address 235 Osprey		
^{City} Shrewsbury	State MA	^{Zip} 01545	Gily Matunuck	State RI	ZIp
9. NAMES AND AD Director Name	DRESSES OF THE DIA	RECTORS ("X" BOX FOR A	ATTACHMENT) X FILL IN SPAC	CES BEFORE USING ATT	ACHMENTS
David W. Hil			Stephen K. Val		
17 Montclair	Drive		ll Nahant Stre	et	
Worcester	State MA	01609	· Marblehead	State MA	^{21p} 01945
Director Name David B. Nav	vin	• • • •	Director Name Ronald F. Pike		
235 Osprey F	Road		Street Address 19 Kalamat Far	ms Circle	
Matunuck	State RI	Zip	^{Cur} Shrewsbury	State MA	^{Zip} 01545
O. SHARES AUTHO. UTHORIZED SHARES	RIZED (*X* BOX FOR AT)	FACHMENT) .	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT	· ·
umber of Shares	Class/Series	Por Value	Number of Shares	Glass/Series	Par Value
15,000	Common	no par	100	Common	no par
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is report must be	signed in intelligence	hon the Density			•

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

File Date:	FILED OF THE OF HELD
7 He 19416	JAN 2 3 2003
Check No.:	By G/M 310389
Ry:	12
FOR SECRETAR	Y 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 by Officer 1/25

David B. Navin

Film or Type Name of Officer

Treasurer

Title of Officer

Form 630 12/01

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

James R. Langevin, Secretary of Stat Corporations Divisio 100 North Main Street, Providence, RI 02903-133 401-277-304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: Janu	ary 1-March 1	Filing Fee: \$50.00	0		PILASI (
(FORM MUST BE TYPED IN	RLACK)				
1. Corporate ID No. 104462	2. Name of Corpo AdCare	Recovery Serv	vices, Inc.		
3. Street Address Principal Rus 107 Lincoln	iness Office Street		<i>chy</i> Wordester	State M A	zip 0 1 6 0 5
4. Business Phone No. (508) 757-419	9 9	5. State of Incorporat Massachus			6. SIC Code 9886
7. Brief Description of the Char Substance Ab	racter of Business Conducted USE Counsel:	d in Rhode Island ing in Correct	cional Systems		7000
	RESSES OF THE OF	FICERS ĈXº BOX FOR AT			
Street Address 11 Nahant Sti	reet		Street Address		
_{Cily} Marblehead	State MA	zip 0 1945	Сиу	State	Zip
Secretary Name Lois M. Scott	t		Treasurer Name David B. N	avin	•
Street Address 32 Airport Ro	oad		Sticel Addiess 235 Osprey		
_{Cuy} North Graftor	State 1 MA	0 1 5 3 6	City Matunuck	State R I	zip 02879
Director Name David W. Hill	•	RECTORS (*x* box for /	ATTACHMENT) Director Name David B. Nav	in	,
Street Address 507 Browning	Lane		Street Address 235 Osprey R	oad	
_{City} Worcester	State MA	zip 0 1 6 0 9	<i>chy</i> Matunuck	State R I	zip 02879
^{Mrector Name} Stephen K. Va	lle	•	Director Name		
ireer Address II Nahant Str	eet		Street Address		
_{Cuy} Marblehead	State M A	zip 0 1 9 4 5	City	State	Zip
O. SHARES AUTHORI	ZED (*X* BOX FOR AT	TACHMENT)	11. SHARES ISSUED (*	X" BOX FOR ATTACHMENT	")
Sumber 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

	0	
File Date:	9-21-00	
Check No.:	201838	
Ву:	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.

De	76	
Signature of Officer	-	

9/19/00

()ate

David B. Navin

Print or Type Name of Officer Treasurer

Title of Officer