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
22463	Concentra Integrated Services, Inc.

3. Street Address Principal Business Office	City	State	Zip
130 SECOND AVENUE, ATTN: TAX DEPT.	WALTHAM	MA	02451-

4. Business Phone No.	5. State of Incorporation	6. SIC Code
7812905350	MASSACHUSETTS	9886

7. Brief Description of the Character of Business Conducted in Rhode Island
MANAGED CARE/ COST CONTAINMENT

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

President Name	Street Address	City	State	Zip
Daniel J, Thomas	5080 Spectrum Drive	Addison	TX	75001

Vice President Name	Street Address	City	State	Zip
James Greenwood	5080 Spectrum Drive	Addison	TX	75001

Secretary Name	Street Address	City	State	Zip
Richard A Parr II	5080 Spectrum Drive	Addison	TX	75001

Treasurer Name	Street Address	City	State	Zip
Thomas Kiraly	5080 Spectrum Drive	Addison	TX	75001

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

Director Name	Street Address	City	State	Zip
Daniel Thomas	5080 Spectrum Drive	Addison	TX	75001

Director Name	Street Address	City	State	Zip
Thomas Kiraly	5080 Spectrum Drive	Addison	TX	75001

Director Name	Street Address	City	State	Zip
	Schedule Attached with Other Officers			

Director Name	Street Address	City	State	Zip

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

AUTHORIZED SHARES		
Number of Shares	*Class/Series*	*Par Value*
100 COMM $.01 PAR VALUE		

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

ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*
100	Common	.01

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

[redacted] 2 2 4 6 3

22463 FBC 02/23/05 04:21:49 PM
File Date FILED
Check No. FEB 28 2005 435190
By: By ICB
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

[redacted] Gary Chadwick 02/23/05
Signature of Officer *Date*

Gary Chadwick
Print or Type Name of Officer

[redacted] VP of Tax
Title of Officer

Form 630 12/01

Concentra Integrated Services, Inc
FEIN: 04-2658593

Corporate ID 22463

Officer/Director	Title	Street Address	City, State, Zip
Daniel J. Thomas	Director, Chairman of the Bd	5080 Spectrum Dr 1200 W Tower	Addison, TX 75001
Thomas E Kiraly	Director, EVP & Treasurer	5080 Spectrum Dr 1200 W Tower	Addison, TX 75001
Derrick Amato	President - Case Mgt Services	5080 Spectrum Dr 1200 W Tower	Addison, TX 75001
Matthew K Elges	Pres - Auto Injury Serv	not available	
James M. Greenwood	EVP - Corp Dev	5080 Spectrum Dr 1200 W Tower	Addison, TX 75001
Richard A. Parr II	EVP & Clerk	5080 Spectrum Dr 1200 W Tower	Addison, TX 75001
John Berry	Sr VP - Risk Mgt	5080 Spectrum Dr 1200 W Tower	Addison, TX 75001
Laura Ciavola	SVP - Info Serv & Tech	5080 Spectrum Dr 1200 W Tower	Addison, TX 75001
Mark Farrell	SVP - Reg Sales & A/C Mgt	202 S Brooksvale Rd	Cheshire CT 06410
W Tom Fogarty, MD	SVP - Chief Med Off	5080 Spectrum Dr 1200 W Tower	Addison, TX 75001
Kenneth Loffredo	SVP- Natl Sales & Strategic A/C Mgt	77 S Bedford St	Burlington MA 01803
Doug Rice	Sr VP & Corp Controller	5080 Spectrum Dr 1200 W Tower	Addison, TX 75001
Tammy J Steele	VP - HR	5080 Spectrum Dr 1200 W Tower	Addison, TX 75001
John Boeck	Sr VP Online Serv	63 Millbrook Rd	Bedford NY 10506
Robin Bush	VP - Natl Sales & Strategic A/C Mgt	4924 Big Bass Dr	Hudsonville MI 49426
Gary Chederket	VP - Tax	77 S Bedford St	Burlington MA 01803
Jon Conser	VP - Natl Sales & Strategic A/C Mgt	5080 Spectrum Dr 1200 W Tower	Addison, TX 75001
Gavin Copeland	VP - Sales Natl A/C	not available	
Thomas Cox	VP	720 Cool Springs Blvd #300	Franklin TN 37067
Tom Downey	VP - Natl A/C	2388 Apple Ridge Ctr	Manasquan NJ 08736
Steve Farrell	Regional VP	1108 Harlow Way	Gel Air MD 21014
Steven Gelsfeld	VP - Online Serv & Auto Injury Serv	not available	
Dona-Marie Geoffrion	VP - Regulatory Affairs & Privacy Off	720 Cool Springs Blvd #300	Franklin TN 37067
Barry Gregory	Regional VP	5080 Spectrum Dr 1200 W Tower	Addison, TX 75001
Thomas Leyer	VP - Network Ops	8 Gina Dr	Holbrook NY 11741
Pam Lifsey	VP - HR	720 Cool Springs Blvd #300	Franklin TN 37067
Stephen E Madden		not available	
Elijah Marenteta	VP - Client Dev	5080 Spectrum Dr 1200 W Tower	Addison, TX 75001
Patrick McIntyre	VP - Local A/C Mgt	77 S Bedford St	Burlington MA 01803
Claire Reardon	Regional VP	77 S Bedford St	Burlington MA 01803
Ted Ryan	VP - Natl Sales & Strategic A/C Mgt	6335 E Kathleen Rd	Scottsdale AZ 85254
Thomas Sexton	VP - Finance	77 S Bedford St	Burlington MA 01803
Suzanne Shemek	VP - Online Services		
Bruce Singleton	VP - Client Strategies	3220 Keller Springs Rd	Carrollton, TX 75006
Tom Violette	VP - Product Mgt	77 S Bedford St	Burlington MA 01803
Allen Walker	Asst VP & Asst Clerk	5080 Spectrum Dr 1200 W Tower	Addison, TX 75001
David Young	VP - Bill Review Ops	720 Cool Springs Blvd #300	Franklin TN 37067
Jose Carmenatti	Regional VP	not available	
Charles Lewis	Regional VP	5080 Spectrum Dr 1200 W Tower	Addison, TX 75001
Joe McCabe	Regional VP	220 Weatherburn Rd	Wexford PA 15090
Susyn Van Shura	Regional VP	702 Ponderosa Ct	Bel Air MD 21014
Brian Allspach	Asst VP - Auto Injury Ser	not available	
Eden Bryant	Asst VP - Risk Mgt	not available	
Stephen J Gilhooly	Asst VP * Asst Clerk	3030 McKinney	Dallas TX 75204
Tim Hanson-Meyer	Asst VP	77 S Bedford St	Burlington MA 01803
Robin Lankford	Asst VP - PBR	18024 Muirfield Dr	Adessa FL 33558
John Mariano	Asst VP _ Auto Managed Care	not available	
Lauren McIntyre	Asst VP - Auto Managed Care	77 S Bedford St	Burlington MA 01803
Bradford Moses	Asst VP - PBR	205 Oxford Hill Ln	Downergton PA 19335
Paul A Norkett	Asst VP - Client Strategies	not available	
Mike Patterson	Asst VP -Projects & Process Imprvmt	not available	
Gary Starnes	Asst VP - Bill Review Ops	not available	
Patricia Stuart	Asst VP - PBR	1161 Black Oak Dr	New Brighton MN 55112
Rebecca Troope	Asst VP - Regulatory Affairs	not available	
Jill Warren	Asst VP - General Ops	not available	
Eleanor Thompson	Asst Clerk	5080 Spectrum Dr 1200 W Tower	Addison, TX 75001
Pericles Secchio	Asst Treasurer	5080 Spectrum Dr 1200 W Tower	Addison, TX 75001
[illegible]			
updated 2/22/05			

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

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
22463	Concentra Integrated Services, Inc.			
3. Street Address Principal Business Office		City	State	Zip
130 Second Ave		Williams	MA	02451
4. Business Phone No.	5. State of Incorporation			6. SIC Code
781.290.5350	MASSACHUSETTS			9886

7. Brief Description of the Character of Business Conducted in Rhode Island
MANAGED CARE/ COST CONTAINMENT

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

President Name	Vice President Name
Frederick C Dunlap	James Hammond
Street Address	Street Address
5080 Spectrum Dr 400 W Tower	5080 Spectrum Dr 400 W Tower
City / State / Zip	City / State / Zip
Addison / TX / 75001	Addison / TX / 75001
Secretary Name	Treasurer Name
Richard L Fox II	Thomas E Kiraly
Street Address	Street Address
5080 Spectrum Dr 400 W Tower	5080 Spectrum Dr 400 W Tower
City / State / Zip	City / State / Zip
Addison / TX / 75001	Addison / TX / 75001

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

Director Name	Director Name
David J Homer	Thomas E Kiraly
Street Address	Street Address
5080 Spectrum Dr 400 W Tower	5080 Spectrum Dr 400 W Tower
City / State / Zip	City / State / Zip
Addison / TX / 75001	Addison / TX / 75001
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
100 COMM $.01 PAR VALUE			100	Common	$ .01

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

[redacted] [redacted]

*22463

File Date 2-27-04
Check No. 305109
By: KP

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* 2/26/04

GARY CHESTER
Print or Type Name of Officer

[redacted]

AVP TAX
Title of Officer

Form 630 Rev. 12/03

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.: 22463
2. Name of Corporation: Concentra Integrated Services, Inc.
3. Street Address Principal Business Office: 130 Second Ave — City: Waltham — State: MA — Zip: 02451
4. Business Phone No.: 781-290-5350
5. State of Incorporation: MASSACHUSETTS
6. SIC Code: 9886
7. Brief Description of the Character of Business Conducted in Rhode Island: managed care/cost containment

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

President Name: Thomas Cox
Street Address: 720 Cool Springs Blvd #300
City: Franklin — State: TN — Zip: 37067

Vice President Name: James Greenwood
Street Address: 5080 Spectrum Dr. 400 W. Tower
City: Addison — State: TX — Zip: 75001

Secretary Name: Richard A. Parr II.
Street Address: 5080 Spectrum Dr. 400 W. Tower
City: Addison — State: TX — Zip: 75001

Treasurer Name: Thomas E. Kiraly
Street Address: 5080 Spectrum Dr. 400 W. Tower
City: Addison — State: TX — Zip: 75001

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

Director Name: Daniel J. Thomas
Street Address: 5080 Spectrum Dr. 400 W. Tower
City: Addison — State: TX — Zip: 75001

Director Name: Thomas E. Kiraly
Street Address: 5080 Spectrum Dr. 400 West Tower
City: Addison — State: TX — Zip: 75001

Director Name:
Street Address:
City — State — Zip:

Director Name:
Street Address:
City — State — Zip:

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
100 COMM $.01 PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	$.01

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

* 2 2 4 6 3 *

File Date: 2/13/03

Check No.: 188429

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 — Date: 2-10-03

Print or Type Name of Officer: Gaby Cheaker

Title of Officer: Asst VP-Tax

Form 630 12/02

CONCENTRA INTEGRATED SERVICES, INC.
***130 Second Avenue**
Waltham, MA 02451

FID # 04-2658593

22463

Officers

Daniel J. Thomas, Chairman, 5080 Spectrum Dr., 400 West Tower, Addison, TX 75001
Thomas Cox, President, 720 Cool Springs Blvd. #300, Franklin, TN 37067
James Greenwood, Executive Vice President of Corporate Development, 5080 Spectrum Dr., 400 West Tower, Addison, TX 75001
Thomas E. Kiraly, Executive Vice President and Treasurer, 5080 Spectrum Dr., 400 West Tower, Addison, TX 75001
Richard A. Parr II, Executive Vice President, General Counsel and Clerk, 5080 Spectrum Dr., 400 West Tower, Addison, TX 75001
W. Tom Fogarty, M.D., Senior Vice President and Chief Medical Officer, 5080 Spectrum Dr., 400 West Tower, Addison, TX 75001
Dona-Marie Geoffrion, Vice President – Regulatory Affairs & Privacy Officer, 720 Cool Springs Blvd. #300, Franklin TN 37067
Susan Wittliff, Assistant Vice President and Assistant Secretary, 5080 Spectrum Dr., 400 West Tower, Addison, TX 75001
Elaine Brzezinski, Assistant Vice President & Assistant Secretary, 5080 Spectrum Dr., 400 West Tower, Addison, TX 75001
*Gary Chedekel, Assistant Vice President – Tax
Allen Walker, Assistant Vice President & Assistant Secretary, 5080 Spectrum Dr., 400 West Tower, Addison, TX 75001

Directors

Daniel J. Thomas
Thomas E. Kiraly

* Defines address/officer relationship
12/02

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

STOP
PLEASE READ INSTRUCTIONS

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.	2. Name of Corporation			
22463	Concentra Managed Care Services, Inc.			
3. Street Address Principal Business Office		City	State	Zip
130 Second Ave		Waltham	MA	02451
4. Business Phone No.	5. State of Incorporation			6. SIC Code
781-290-5350	Massachusetts			9886

7. Brief Description of the Character of Business Conducted in Rhode Island
managed care/cost containment

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

President Name			Vice President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
100	Common	$.01

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	Common	$.01

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

[redacted]

File Date: 2/13/02

Check No.: 35586

By: AB

FOR SECRETARY OF STATE USE ONLY

[redacted]

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: 2.5.02

Gary Chediak
Print or Type Name of Officer

[redacted]

Asst VP - Tax
Title of Officer

CONCENTRA MANAGED CARE SERVICES, INC.
***130 Second Avenue**
Waltham, MA 02451

FID # 04-2658593

Officers

Daniel J. Thomas, Chairman, 5080 Spectrum Dr., Addison, TX 75001
Thomas Cox, President, 720 Cool Springs Blvd. #300, Franklin, TN 37067
*Scott E. Henault, President – Case Management Services
James Greenwood, Executive Vice President of Corporate Development, 5080 Spectrum Dr., Addison, TX 75001
Thomas E. Kiraly, Executive Vice President and Treasurer, 5080 Spectrum Dr., Addison, TX 75001
Richard A. Parr II, Executive Vice President, General Counsel and Clerk, 5080 Spectrum Dr., Addison, TX 75001
Terry Barron, Senior Vice President – Sales and Marketing, 5080 Spectrum Dr., Addison, TX 75001
W. Tom Fogarty, M.D., Senior Vice President and Chief Medical Officer, 5080 Spectrum Dr., Addison, TX 75001
Bradley T. Harslem, Senior Vice President and Chief Information Office, 5080 Spectrum Dr., Addison, TX 75001
*Kenneth Loffredo, Senior Vice President – National Sales
Karen Austin, Vice President – Telephonic Case Management, 529 Main St., Suite 600, Charlestown, MA 02129
Robert Allday, Vice President – Development, 5080 Spectrum Dr., Addison, TX 75001
John Berry, Vice President – Rick Management, 5080 Spectrum Dr., Addison, TX 75001
Mike Correia, Vice President – IST, 529 Main St., Charlestown, MA 02129
Tim Gallagher, Vice President – Sales, 1980 E 116th St., Carmel, IN 46032
*Anne Kirby, Vice President – Product Development
Pam Lifsey, Vice President – Human Resources – Field, 5080 Spectrum Dr., Addison, TX 75001
Daniel T. O'Brien, Vice President –Development, 5080 Spectrum Dr., Addison, TX 75001
Matt Padden, Vice President – National Accounts, 10008 N. Dale Mabry, Tampa, FL 33618
Dana Payne, Vice President – Corp. Human Resources Administration, 5080 Spectrum Dr., Addison, TX 75001
*Cecil Pickens, Vice President – Provider Bill Review
Karen Schmitz, Vice President – Account Services, 529 Main St., Charlestown, MA 02129
Barry Gregory, Regional VP – Southwest/Western Regions, 3220 Keller Springs, Carrollton, TX 75006
*Claire Reardon, Regional Vice President – Eastern Region
*Gary Chedekel, Assistant Vice President – Tax
*Lauren McIntyre, Assistant Vice President – Auto Managed Care
Bruce Singleton, VP of Operations – Provider Bill Review, 3220 Keller Springs, Carrollton, TX 75006
Rebecca Guerra, Assistant Vice President and Assistant Secretary, 5080 Spectrum Dr., Addison, TX 75001
Susan Wittliff, Assistant Vice President and Assistant Secretary, 5080 Spectrum Dr., Addison, TX 75001
Patricia Secchio, Assistant Treasurer, 5080 Spectrum Dr., Addison, TX 75001

Directors

Daniel J. Thomas
Thomas E. Kiraly

* Defines address/officer relationship
9/00

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
22463	Concentra Managed Care Services, Inc.

3. Street Address Principal Business Office	City	State	Zip
130 Second Ave	Waltham	MA	02451

4. Business Phone No.	5. State of Incorporation	6. SIC Code
(781) 290-5350	MASSACHUSETTS	9886

7. Brief Description of the Character of Business Conducted in Rhode Island
Managed Care / Cost Containment

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

President Name	Vice President Name
Thomas Cox	James Greenwood
Street Address: 720 Cool Springs Blvd #300	Street Address: 5080 Spectrum Dr 400 West Tower
City: Franklin; State: TN; Zip: 37067	City: Addison; State: TX; Zip: 75001
Secretary Name: Richard A Parr II	Treasurer Name: Thomas E Kiraly
Street Address: 5080 Spectrum Dr. 400 West Tower	Street Address: 5080 Spectrum Dr 400 West Tower
City: Addison; State: TX; Zip: 75001	City: Addison; State: TX; Zip: 75001

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

Director Name	Director Name
Daniel J. Thomas	Thomas E Kiraly
Street Address: 5080 Spectrum Dr. 400 West Tower	Street Address: 5080 Spectrum Dr. 400 West Tower
City: Addison; State: TX; Zip: 75001	City: Addison; State: TX; Zip: 75001
Director Name	Director Name
Street Address	Street Address
City; State; Zip	City; State; Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	Common	$.01	100	Common	$.01

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

[redacted] [redacted]

* 2 2 4 6 3 *

File Date: 3-15-01

Check No.: #447493

By: JC

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: 3.12.01

Print or Type Name of Officer: Gary Chedekel

Title of Officer: Asst. VP of Tax

Form 630 12/00

ID 22463

CONCENTRA MANAGED CARE SERVICES, INC.
***130 Second Avenue**
Waltham, MA 02451

FID # 04-2658593

Officers

Daniel J. Thomas, Chairman, 5080 Spectrum Dr., Addison, TX 75001
Thomas Cox, President, 720 Cool Springs Blvd. #300, Franklin, TN 37067
*Scott E. Henault, President – Case Management Services
James Greenwood, Executive Vice President of Corporate Development, 5080 Spectrum Dr., Addison, TX 75001
Thomas E. Kiraly, Executive Vice President and Treasurer, 5080 Spectrum Dr., Addison, TX 75001
Richard A. Parr II, Executive Vice President, General Counsel and Clerk, 5080 Spectrum Dr., Addison, TX 75001
Terry Barron, Senior Vice President – Sales and Marketing, 5080 Spectrum Dr., Addison, TX 75001
W. Tom Fogarty, M.D., Senior Vice President and Chief Medical Officer, 5080 Spectrum Dr., Addison, TX 75001
Bradley T. Harslem, Senior Vice President and Chief Information Office, 5080 Spectrum Dr., Addison, TX 75001
*Kenneth Loffredo, Senior Vice President – National Sales
Karen Austin, Vice President – Telephonic Case Management, 529 Main St., Suite 600, Charlestown, MA 02129
Robert Allday, Vice President – Development, 5080 Spectrum Dr., Addison, TX 75001
John Berry, Vice President Rick Management, 5080 Spectrum Dr., Addison, TX 75001
Mike Correia, Vice President -- IST, 529 Main St., Charlestown, MA 02129
Tim Gallagher, Vice President -- Sales, 1980 E 116th St., Carmel, IN 46032
*Anne Kirby, Vice President – Product Development
Pam Lifsey, Vice President – Human Resources – Field, 5080 Spectrum Dr., Addison, TX 75001
Daniel T. O'Brien, Vice President –Development, 5080 Spectrum Dr., Addison, TX 75001
Matt Padden, Vice President – National Accounts, 10008 N. Dale Mabry, Tampa, FL 33618
Dana Payne, Vice President – Corp. Human Resources Administration, 5080 Spectrum Dr., Addison, TX 75001
*Cecil Pickens, Vice President – Provider Bill Review
Karen Schmitz, Vice President – Account Services, 529 Main St., Charlestown, MA 02129
Barry Gregory, Regional VP – Southwest/Western Regions, 3220 Keller Springs, Carrollton, TX 75006
*Claire Reardon, Regional Vice President – Eastern Region
*Gary Chedekel, Assistant Vice President Tax
*Lauren McIntyre, Assistant Vice President – Auto Managed Care
Bruce Singleton, VP of Operations – Provider Bill Review, 3220 Keller Springs, Carrollton, TX 75006
Rebecca Guerra, Assistant Vice President and Assistant Secretary, 5080 Spectrum Dr., Addison, TX 75001
Susan Wittliff, Assistant Vice President and Assistant Secretary, 5080 Spectrum Dr., Addison, TX 75001
Patricia Secchio, Assistant Treasurer, 5080 Spectrum Dr., Addison, TX 75001

Directors

Daniel J. Thomas
Thomas E. Kiraly

* Defines address/officer relationship
9/00

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

STOP
PLEASE READ INSTRUCTIONS

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.: 22463
2. Name of Corporation: CONCENTRA MANAGED CARE SERVICES INC
3. Street Address Principal Business Office: 130 Second Avenue, Attn: Tax Department
   City: Waltham State: MA Zip: 02451
4. Business Phone No.: (781) 290-5350
5. State of Incorporation: Massachusetts
6. SIC Code: 621999
7. Brief Description of the Character of Business Conducted in Rhode Island: Managed Care / Cost Containment

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

President Name: Daniel J. Thomas	Vice President Name: Scott E. Herault
Street Address: 130 Second Avenue	Street Address: 130 Second Avenue
City: Waltham State: MA Zip: 02451	City: Waltham State: MA Zip: 02451
Secretary Name: Richard A. Parr II	Treasurer Name: Thomas Kiraly
Street Address: 5080 Spectrum Drive, Suite 400 West	Street Address: 130 Second Avenue
City: Addison State: TX Zip: 75001	City: Waltham State: MA Zip: 02451

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

Director Name: Daniel J. Thomas	Director Name:
Street Address: 130 Second Avenue	Street Address:
City: Waltham State: MA Zip: 02451	City: State: Zip:
Director Name: Thomas Kiraly	Director Name:
Street Address: 130 Second Avenue	Street Address:
City: Waltham State: MA Zip: 02451	City: State: Zip:

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
100	Common	$.01

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	$.01

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

[redacted]

File Date: 4/20/00

Check No.: 317818

By:

FOR SECRETARY OF STATE USE ONLY

[redacted]

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: 2/25/00

Gary Chedekel
Print or Type Name of Officer

Asst VP of Tax
Title of Officer

Concentra Managed Care Services, Inc.
FID # 04-2658593

Officers

Business Addresses

Daniel J. Thomas
President & CEO
130 Second Ave.
Waltham, MA 02451

Richard A. Parr II
Executive VP and Clerk
5080 Spectrum Drive, Suite 400 West
Addison, TX 75001

W. Tom Fogarty, M.D.
Senior VP & Chief Medical Officer
5080 Spectrum Drive, Suite 400 West
Addison, TX 75001

Scott E. Henault
Senior VP and Chief Information Officer
130 Second Ave.
Waltham, MA 02451

Darla Walls
Senior VP - Corporate Resources
5080 Spectrum Drive, Suite 400 West
Addison, TX 75001

Michelle Avila
VP - Southeastern Region
10010 North Dale Mabry
Tampa, FL 33618

Anne E. Kirby
VP - Product Development
130 Second Ave.
Waltham, MA 02451

Cecil Pickens
VP - Specialized Cost Containment
130 Second Avenue
Waltham, MA 02451

Daniel T. O'Brien
VP - Corporate Development
5080 Spectrum Drive, Suite 400 West
Addison, TX 75001

James M. Greenwood
Executive VP of Corporate Development
5080 Spectrum Drive, Suite 400 West
Addison, TX 75001

Thomas Kiraly
Executive VP & Treasurer
130 Second Ave.
Waltham, MA 02451

Kenneth Loffredo
Senior VP - Marketing and Sales
5080 Spectrum Drive, Suite 400 West
Addison, TX 75001

Gene Whobrey
Senior VP - Managed Care
130 Second Ave.
Waltham, MA 02451

Jay B. Blakey
VP - Sales
5080 Spectrum Drive, Suite 400 West
Addison, TX 75001

Barry Gregory
VP - Southwestern Region
1431 Greenway Drive, Suite 850
Irving, TX 75038

Lee Horan Marsh
VP - Northeastern Region
46 Austin Street
Newton, MA 02160

Curt Muyres
VP- Midwestern Region
9801 West Higgins Road, Suite 500
Rosemont, IL 60018

Matthew Padden
VP - National Accounts
130 Second Ave.
Waltham, MA 02451

Claire Reardon
VP - Northeastern Region
46 Austin Street
Newton, MA 02160

Tom Violette
VP - Concentra Medical Examinations
700 American Avenue, Suite 300
King of Prussia, PA 19406

Diane Durr
Regional VP - Northern Region
130 Second Ave.
Waltham, MA 02451

Maureen Bennington
Assistant VP – California
2230 West Chapman Avenue, Suite 112
Orange, CA 92868

Jane Correia
Assistant VP – Quality Assurance
130 Second Ave.
Waltham, MA 02451

Monique Knox
Assistant VP
130 Second Ave.
Waltham, MA 02451

Tim Gallagher
Assistant VP – Sales, Northeast
8500 Keystone Crossing, Suite 550
Indianapolis, IN 46240

Elisco Ruiz III
Assistant VP & Assistant Secretary
5080 Spectrum Drive, Suite 400 West
Addison, TX 75001

Gary Chedekel
Assistant VP of Tax
130 Second Avenue
Waltham, MA 02451

Karen Schmitz
VP - Account Services
5730 Glenridge Drive, Suite 305
Atlanta, GA 30328

Sally Lawless
Regional VP - Western Region
1715 West Northern Avenue, Suite 108
Phoenix, AZ 85201

Rich Castellini
Regional VP - Northeast Region
4705A Crossroads Park Drive
Liverpool, NY 13088

Christi Coleman
Assistant VP – Southwest
3220 Keller Springs Road, Suite 106
Carrollton, TX 75006

Robin France
Assistant VP – South
2301 Lucien Way, Suite 150
Maitland, FL 32751

Lauren McIntyre
Assistant VP - Auto Managed Care
130 Second Avenue
Waltham, MA 02451

Scott Scirpo
Assistant VP - Western Region
2420 W. 26th Avenue, Suite 360D
Denver, CO 80211

Martha Kuppens
Assistant Treasurer
130 Second Ave.
Waltham, MA 02451

Directors

Daniel J. Thomas
Thomas Kiraly

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

STOP
PLEASE READ INSTRUCTIONS

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.	2. Name of Corporation		
22463	Concentra Managed Care Services, Inc.		
3. Street Address Principal Business Office	**City**	**State**	**Zip**
130 Second Avenue, Attn: Corp. Tax	Waltham	MA	02451
4. Business Phone No.	**5. State of Incorporation**		**6. SIC Code**
(781) 290-5350	Massachusetts		9886

7. Brief Description of the Character of Business Conducted in Rhode Island
Managed Care / Cost Containment

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

President Name	Street Address	City	State	Zip
Daniel J. Thomas	312 Union Wharf	Boston	MA	02109

Vice President Name	Street Address	City	State	Zip
Stephen Read	130 Second Avenue	Waltham	MA	02451

Secretary Name	Street Address	City	State	Zip
Richard A. Parr II	5000 Spectrum Drive, West Tower, #400	Addison	TX	75001

Treasurer Name	Street Address	City	State	Zip
Joseph F. Pesce	312 Union Wharf	Boston	MA	02109

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

Director Name	Street Address	City	State	Zip
Daniel J. Thomas	312 Union Wharf	Boston	MA	02109
none				

Director Name	Street Address	City	State	Zip
Joseph F. Pesce	312 Union Wharf	Boston	MA	02109
none				

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

AUTHORIZED SHARES		
Number of Shares	*Class/Series*	*Par Value*
100	Common	$.01

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

ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*
100	Common	$.01

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

[redacted]

File Date: Jan 4 99
Check No.: 236018
By: [redacted]
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

[redacted] 3/1/99
Signature of Officer *Date*

Stephen Read
Print or Type Name of Officer

VP + Controller
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
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

STOP PLEASE READ INSTRUCTIONS

1. Corporate ID No.	2. Name of Corporation			
22463	Concentra Managed Care Services, Inc.			
3. Street Address Principal Business Office		City	State	Zip
130 Second Avenue, Attn: Corp. Tax		Waltham	MA	02154
4. Business Phone No.	5. State of Incorporation			6. SIC Code
(781) 290-5350	Massachusetts			9886
7. Brief Description of the Character of Business Conducted in Rhode Island				
Managed Care / Cost Containment				

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

President Name			Vice President Name		
Daniel J. Thomas			Stephen Read		
Street Address			Street Address		
312 Union Wharf			130 Second Avenue		
City	State	Zip	City	State	Zip
Boston	MA	02109	Waltham	MA	02154
Secretary Name			**Treasurer Name**		
Richard A. Parr II			Joseph F. Pesce		
Street Address			Street Address		
5080 Spectrum Drive, West Tower, #400			312 Union Wharf		
City	State	Zip	City	State	Zip
Dallas	TX	75248	Boston	MA	02109

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

Director Name			Director Name		
Donald J. Larson			Joseph F. Pesce		
Street Address			Street Address		
312 Union Wharf			312 Union Wharf		
City	State	Zip	City	State	Zip
Boston	MA	02109	Boston	MA	02109
Director Name			Director Name		
none			none		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **11. SHARES ISSUED** *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
40,000,000	Common	$ .01	8,921,403	Common	$ .01
1,000,000	Preferred	$ .01	none		

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

[redacted] [redacted]

File Date: 4-30-98

Check No.: 209197

By: AMF

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Stephen Read 4/28/98
Signature of Officer *Date*

Stephen Read
Print or Type Name of Officer

VP & Controller
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
401-277-3040

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

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.	2. Name of Corporation
22463	CRA Managed Care, Inc.

3. Street Address Principal Business Office	City	State	Zip
312 Union Wharf	Boston	MA	02109

4. Business Phone No.	5. State of Incorporation	6. SIC Code
(617) 367-2463	MASSACHUSETTS	9886

7. Brief Description of the Character of Business Conducted in Rhode Island
Managed Care / Cost Containment / Consulting

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

President Name	Street Address	City	State	Zip
Donald J. Larson (Director too)	55 N. Main St.	Cohasset	Ma	02025

Vice President Name	Street Address	City	State	Zip
John A. McCarthy	9 FRANCIS ST	DOVER	Ma	02030

Secretary Name	Street Address	City	State	Zip
Lois E. Silverman (chairman too)	1 Commonwealth Ave	Boston	Ma	02116

Treasurer Name	Street Address	City	State	Zip
Joseph F. Pesce	52 Amberwood Dr.	Winchester	Ma	01890

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

Director Name	Street Address	City	State	Zip
Jeffrey R. Jay	39 Rockridge Ave	Greenwich	CT	06831

Director Name	Street Address	City	State	Zip
George H. Conrades	3 Channing Place	Cambridge	Ma	02138

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip
Mitchell T. Rabkin	124 Canton Ave	Milton	Ma	02187

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
40,000,000	Common	$.01	8,921,403	Common	$.01
AT DECEMBER 31, 1996			AT DECEMBER 31, 1996		

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

[redacted] [redacted]

* 2 2 4 6 3 *

File Date: 3/6/97

Check No.: 11918

By: CCT JAL

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

John S McCarthy — 2-28-97
Signature of Officer — *Date*

John A McCarthy
Print or Type Name of Officer

V.P. of Corporate Development
Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996

Filing Period: January 1–March 1
Filing Fee: $50.00

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO.	2. NAME OF CORPORATION
22463	CRA Managed Care, Inc.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE	CITY	STATE	ZIP CODE
312 Union Wharf	Boston	MA	02109

4. BUSINESS PHONE NO.	5. STATE OF INCORPORATION	6. SIC CODE
(617) 367-2163	MASSACHUSETTS	9886

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
managed care / cost containment / consulting

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Donald J. Larson	55 N. Main St.	Cohasset	MA	02025

VICE PRESIDENT NAME	STREET ADDRESS	CITY	STATE	ZIP CODE

SECRETARY NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Lois E. Silverman	105 Larchmont St.	Melrose	MA	02176

TREASURER NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Joseph F. Pesce	52 Amberwood Dr.	Winchester	MA	01890

9. NAMES AND ADDRESSES OF THE DIRECTORS (see attached sheet)

DIRECTOR NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Donald J. Larson	(see above)			

DIRECTOR NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Lois E. Silverman	(see above)			

DIRECTOR NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Jeffrey R. Jay	630 Fifth Ave	New York	NY	10111

DIRECTOR NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
William Laverack Jr	630 Fifth Ave.	New York	NY	10111

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
10,000,000	Common	$.01	7,372,424	Common	$.01

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.

Signature of Officer

Joseph F. Pesce
Print or Type Name of Officer

V. P. of Finance — Title of Officer

3/1/96 — Date

File Date: 3/7/96

Check No: 24622

By: GS/UP

For Secretary of State Use Only

DETACH BOTTOM BEFORE RETURNING

CRA
MANAGED CARE, INC.

Officers

Lois E. Silverman
Chairman
105 Larchmont Street
Melrose, MA 02176
ssn 036-26-8299

Donald J. Larson
President & CEO
55 North Main Street
Cohasset, MA 02025
ssn 067-38-0084

Joseph F. Pesce
Chief Financial Officer
52 Amberwood Drive
Winchester, MA 01890
ssn 010-40-7703

Anne E. Kirby
VP of Marketing
22 Woodridge Road
Dover, MA 02030
ssn 047-50-6613

John A. McCarthy
VP of Corporate Development
244 Glen Road
Weston, MA 02193
ssn 045-60-8653

Directors

Lois E. Silverman, Chairman
105 Larchmont Street
Melrose, MA 02176

Donald J. Larson
55 North Main Street
Cohasset, MA 02025

Jeffrey R. Jay
630 Fifth Avenue
New York, NY 10111

William Laverack, Jr.
630 Fifth Avenue
New York, NY 10111

George H. Conrades
150 Cambridge Park Drive
Cambridge, MA 02140

Mitchell T. Rabkin
330 Brookline Ave
Boston, MA 02215

312 UNION WHARF, BOSTON, MASSACHUSETTS 02109, (617) 367-2163, FAX (617) 367-8519

State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

ANNUAL REPORT
Please Type or Print
File Annually – Jan. 1 - March 1
Filing Fee $50.00
Make Checks Payable to: Secretary of State

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

Corporate ID: 0022453 Annual Report for the year: 1995

Name of Corporation: COMPREHENSIVE REHABILITATION ASSOCIATES, INC.

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

For foreign entity, address and telephone number of principal office:
312 Union Wharf
Boston MA 02109

Phone: (617) 367-2163

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
240 Chestnut St
Warwick RI 02888

Phone: (401) 781-2310

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:
Social services

THE NAMES OF THE OFFICERS ARE:

	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT	Donald J Larson	55 N Main St	Cohasset MA	02025
VICE PRESIDENT	Lois E Silverman	105 Larchmont St.	Melrose MA	02176
SECRETARY	Lois E Silverman	same as above		
TREASURER	Joseph F Pesce	52 Amberwood Dr	Winchester MA	01890

THE NAMES OF THE DIRECTORS ARE:

	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
	See attached			

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
1,000,000	Common A	638,625	Common A
361,375	Preferred	361,375	Preferred

Date X 2/28, 19 95

By X
Donald J Larson
PRINT OR TYPE NAME OF OFFICER SIGNING
President
TITLE OF OFFICER SIGNING

Form 31 1/95

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.

PRENTICE-HALL CORP SYSTEM
170 WESTMINSTER STREET, SUITE 900
PROVIDENCE RI 02903

FILED
MAR 0 2 1995
By
3055

COMPREHENSIVE REHABILITATION ASSOCIATES, INC.

Officers

Lois E. Silverman
Chairman & CEO
105 Larchmont Street
Melrose, MA 02176

Donald J. Larson
President & COO
55 North Main Street
Cohasset, MA 02025

Joseph F. Pesce
Chief Financial Officer
52 Amberwood Drive
Winchester, MA 01890

Anne Kirby
VP of Marketing
22 Woodbridge Road
Dover, MA

John A. McCarthy
VP of Corporate Development
244 Glen Road
Weston, MA 02193

Directors

Lois E. Silverman, Chairman
105 Larchmont Street
Melrose, MA 02176

Donald J. Larson
55 North Main Street
Cohasset, MA 02025

Jeffrey R. Jay
630 Fifth Avenue
New York, NY 10111

William Laverack, Jr.
630 Fifth Avenue
New York, NY 10111

George H. Conrades
150 Cambridge Park Drive
Cambridge, MA 02140

Mitchell T. Rabkin
330 Brookline Ave
Boston, MA 02215

312 UNION WHARF • BOSTON, MASSACHUSETTS 02109 • (617) 367•2163, FAX (617) 367•8519

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: 0022463 Annual Report for the year: 1994

Name of Business Entity: COMPREHENSIVE REHABILITATION ASSOCIATES,

Business entity organized under the laws of the State of: MA.

Federal Taxpayer Identification Number: [redacted]

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):
240 Chestnut Street
Warwick, RI 02888

Phone (401) 781-2310

Business Entity is (check one)
[J] 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:
DONALD J LARSON
President
312 Union Wharf
Boston, MA 02109

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

Date of Organization: 12/11/78

Date of Qualification to do business in Rhode Island (if foreign entity): 10/4/79

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
☐ CHIEF EXECUTIVE OFFICER OR ☒ PRESIDENT: DONALD J LARSON	55 N MAIN St	Cohasset MA	02025
☒ CHIEF OPERATING OFFICER OR ☐ VICE PRESIDENT: LOIS E. SILVERMAN	105 LARCHMONT St,	Melrose MA	02
☐ CUSTODIAN OF RECORDS OR ☒ SECRETARY: LOIS E. SILVERMAN	SAME AS Above		
☐ CHIEF FINANCIAL OFFICER OR ☒ TREASURER: DONALD J LARSON	SAME AS Above		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
DONALD J LARSON	SAME AS Above		
LOIS E SILVERMAN	SAME AS Above		

NUMBER OF SHARES AUTHORIZED (If Applicable)
NUMBER 100
CLASS Common
SERIES —
PAR VALUE OR WITHOUT PAR NO PAR

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 100
CLASS COMMON
SERIES —
PAR VALUE OR WITHOUT PAR NO PAR

Dated: 2/14, 1994

FILED
FEB 18 1994
By MA 6/01 D

By: [signature]
DONALD J LARSON
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.

PRENTICE-HALL CORP SYSTEM
170 WESTMINSTER STREET, SUITE 900
PROVIDENCE RI 02903

Filing Fee $50.00

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

State of Rhode Island and Providence Plantations

0045752
mme

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0022463 Annual Report for the year 1993

FIRST: The name of the corporation is COMPREHENSIVE REHABILITATION ASSOCIATES,

SECOND: It is incorporated under the laws of MASSACHUSETTS

THIRD: Character of business, briefly stated, is SOCIAL SERVICES

FOURTH: If foreign corporation, address of its principal office 312 Union Wharf
Boston MA 02109

FIFTH: Business address in Rhode Island 240 Chestnut ST
WARWICK, RI 02886

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

Name	Office	Address (including number, street, zip code)
LOIS E SILVERMAN	Director	105 LARCHMONT ST MELROSE MA 02176
DONALD J LARSON	Director	55 N MAIN ST Cohasset MA 02025
	Director	
DONALD J LARSON	President	SAME AS ABOVE
	Vice President	
LOIS E SILVERMAN	Secretary	SAME AS ABOVE
DONALD J LARSON	Treasurer	SAME AS ABOVE

SEVENTH: Number of Shares authorized:

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

PAID
MAR 0 1 1993
SEC'Y OF STATE

EIGHTH: Number of Shares issued:

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

X Dated 2/24 1993

Comprehensive Rehabilitation Assoc Inc
(Name of Corporation)

By X

Title PRESIDENT

(Report must be signed by an officer)

Form 3 7/95

Filing Fee $50.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

SM # 33737

04-2658593

Corporate ID 0022483

Annual Report for the year 1992

FIRST: The name of the corporation is COMPREHENSIVE REHABILITATION ASSOCIATI

SECOND: It is incorporated under the laws of MASSACHOSETTS

THIRD: Character of business, briefly stated, is SOCIAL SERVICES

FOURTH: If foreign corporation, address of its principal office 312 UNION WHARF
BOSTON, MA 02109

FIFTH: Business address in Rhode Island 240 CHESTNUT ST
WARWICK, RI 02886

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

Name	Office	Address (including number, street, zip code)
LOIS E. SILVERMAN	Director	105 LARCHMONT ST, MELROSE, MA 02176
DONALD J. LARSON	Director	55 N MAIN ST, COHASSET, MA 02025
	Director	
DONALD J. LARSON	President	SAME AS ABOVE
	Vice President	
LOIS E. SILVERMAN	Secretary	SAME AS ABOVE
DONALD J. LARSON	Treasurer	SAME AS ABOVE

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	COMMON	—	NO PAR

PAID
MAR 02 1992
SEC'Y OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	COMMON	—	NO PAR

Dated X 2-25-92 19

COMPREHENSIVE REHABILITATION ASSOCIATES, INC.
(Name of Corporation)

By X

Title PRESIDENT

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $50.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 04-2658593 0022463 Annual Report for the year 1991

FIRST: The name of the corporation is COMPREHENSIVE REHABILITATION ASSOCIATES

SECOND: It is incorporated under the laws of MASSACHUSETTS

THIRD: Character of business, briefly stated, is SOCIAL SERVICES

FOURTH: If foreign corporation, address of its principal office 312 UNION WHARF
BOSTON, MA 02109

FIFTH: Business address in Rhode Island 240 CHESTNUT STREET
WARWICK, RI 02886

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

Name	Office	Address (including number, street, zip code)
LOIS E. SILVERMAN	Director	105 LARCHMONT ST., MELROSE, MA 02176
DONALD J. LARSON	Director	55 NO. MAIN ST., COHASSET, MA 02025
	Director	
DONALD J. LARSON	President	SAME AS ABOVE
	Vice President	
LOIS E. SILVERMAN	Secretary	SAME AS ABOVE
DONALD J. LARSON	Treasurer	SAME AS ABOVE

SEVENTH: Number of Shares authorized:

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

PAID
MAR 11 1991
SEC'Y OF S.

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	COMMON	—	NO PAR

Dated ..... 19 .....

COMPREHENSIVE REHABILITATION ASSOCIATES, INC.
(Name of Corporation)

By Lois E. Silverman

Title C.E.O., Sec'y

(Report must be signed by an officer)

Form 31 1/85

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

AT

Corporate ID 04-2658593 0022463 Annual Report for the year 1990

FIRST: The name of the corporation is COMPREHENSIVE REHABILITATION ASSOCIATES,

SECOND: It is incorporated under the laws of MASSACHUSETTS

THIRD: Character of business, briefly stated, is SOCIAL SERVICES

FOURTH: If foreign corporation, address of its principal office 312 UNION WHARF
BOSTON, MA 02109

FIFTH: Business address in Rhode Island 240 CHESTNUT STREET
WARWICK, RI 02886

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

Name	Office	Address (including number, street, zip code)
LOIS E. SILVERMAN	Director	105 LARCHMONT ST, MELROSE, MA 02176
DONALD J. LARSON	Director	55 N. MAIN ST, COHASSET, MA 02025
	Director	
DONALD J LARSON	President	SAME AS ABOVE
	Vice President	
LOIS E. SILVERMAN	Secretary	SAME AS ABOVE
DONALD J. LARSON	Treasurer	SAME AS ABOVE

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	COMMON	—	NO PAR

PAID
FEB 22 1990
SEC'Y OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	COMMON	—	NO PAR

Dated X ..... 19 .....

COMPREHENSIVE REHABILITATION ASSOCIATES, INC.
(Name of Corporation)

By X Lois E Silverman

Title X Secretary

(Report must be signed by an officer)

Form 31 1/85

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 000224[illegible] 04-2658393 Annual Report for the year 1989

FIRST: The name of the corporation is COMPREHENSIVE REHABILITATION ASSOCIATES INC

SECOND: It is incorporated under the laws of MASSACHUSETTS

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

FOURTH: If foreign corporation, address of its principal office 62 Commercial Wharf, Boston, MA 02110

FIFTH: Business address in Rhode Island Prentice-Hall Corporation System, Inc. Suite 3-A, 10 Dyer Street, Providence, RI 02903

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

Name	Office	Address (including number, street, zip code)
Lois E. Silverman	Director	105 Larchmont St., Melrose, MA 02176
Donald J. Larson	Director	55 No. Main St. Cohasset, MA 02025
	Director	
Lois E. Silverman	President	as above
Donald J. Larson	Vice President	as above
Lois E. Silverman	Secretary	as above
Donald J. Larson	Treasurer	as above

SEVENTH: Number of Shares authorized:

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

EIGHTH: Number of Shares issued:

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

PAID
MAR 2 1989
SEC'Y OF STATE

Dated 2/27 1989

Comprehensive Rehabilitation Associates, Inc.
(Name of Corporation)

By [signature]

Title VP

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $15.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

22463

Corporate ID 04-2658593 Annual Report for the year 1988

FIRST: The name of the corporation is Comprehensive Rehabilitation Associates, Inc.

SECOND: It is incorporated under the laws of Massachusetts

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

FOURTH: If foreign corporation, address of its principal office 68 Commercial Wharf Boston, MA 02110

FIFTH: Business address in Rhode Island Prentice-Hall Corporation System, Inc. Suite 3-A, 101 Dyer Street, Providence, RI 02903

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

Name	Office	Address (including number, street, zip code)
Lois E. Silverman	Director	105 Larchmont St., Melrose, MA 02176
Donald J. Larson	Director	55 N. Main St., Cohasset, MA 02025
	Director	
Lois E. Silverman	President	105 Larchmont St., Melrose, MA 02176
Donald J. Larson	Vice President	55 No. Main St., Cohasset, MA 02025
Lois E. Silverman	Secretary	105 Larchmont St., Melrose, MA 02176
Donald J. Larson	Treasurer	55 No. Main St., Cohasset, MA 02025

SEVENTH: Number of Shares authorized:

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

PAID
MAR 23 1988
SEC'Y OF STATE

EIGHTH: Number of Shares issued:

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

Dated Feb. 23 19 88

Comprehensive Rehabilitation Associates, Inc.
(Name of Corporation)

By

(Report must be signed by an officer) Title VP

Filing Fee $15.00

January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 04-~~2658593~~ F 22463 Annual Report for the year 1987

FIRST: The name of the corporation is Comprehensive Rehabilitation Associates, Inc.

SECOND: It is incorporated under the laws of Massachusetts

THIRD: Character of business, briefly stated, is Social Services

FOURTH: If foreign corporation, address of its principal office 62 Commercial Wharf Boston, MA 02110

FIFTH: Business address in Rhode Island Prentice-Hall Corporation System, Inc. Suite 3-A 101 Dyer Street Providence RI 02903

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

Name	Office	Address (including number, street, zip code)
Lois E. Silverman	Director	105 Larchmont Street Melrose, MA 02176
Donald J. Larson	Director	55 North Main Street Cohasset, MA 02025
	Director	
Lois E. Silverman	President	105 Larchmont Street Melrose, MA 02176
Donald J. Larson	Vice President	55 North Main Street Cohasset, MA 02025
Lois E. Silverman	Secretary	105 Larchmont Street Melrose, MA 02176
Donald J. Larson	Treasurer	55 North Main Street Cohasset, MA 02025

SEVENTH: Number of Shares authorized:

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

PAID

MAR 06 1987

SEC'Y OF STATE

EIGHTH: Number of Shares issued:

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

MAY 12 1987

Dated 2/20 19 87 Comprehensive Rehabilitation Associates, Inc.
(Name of Corporation)

By [signature]

(Report must be signed by an officer) Title V.P.

Form 31 1/85

Filing Fee $15.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 04-2658593 #22463 Annual Report for the year 1986

FIRST: The name of the corporation is Comprehensive Rehabilitation Associates, Inc.

SECOND: It is incorporated under the laws of Massachusetts

THIRD: Character of business, briefly stated, is Social Services

FOURTH: If foreign corporation, address of its principal office 63 Commercial Wharf Boston, MA

FIFTH: Business address in Rhode Island 2500 Post Road Warwick, RI 02886

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

Name	Office	Address (including number, street, zip code)
Lois Silverman	Director	6 Phillips Road, Stoneham, MA
Donald Larson	Director	82 Pond Street, Cohasset, MA
	Director	
Lois Silverman	President	6 Phillips Road, Stoneham, MA
Donald Larson	Vice President	82 Pond Street, Cohasset, MA
Lois Silverman	Secretary	6 Phillips Road, Stoneham, MA
Donald Larson	Treasurer	82 Pond Street, Cohasset, MA

SEVENTH: Number of Shares authorized:

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

EIGHTH: Number of Shares issued:

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

03/12/86 PAID

ANNUAL REPORT
CHARGE
15.00

Dated 2/27 19 86

Comprehensive Rehabilitation Associates, Inc.
(Name of Corporation)

By Lois R Silverman

Title president

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $15.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 04-2658593 #22463 Annual Report for the year 1985

FIRST: The name of the corporation is Comprehensive Rehabilitation Associates, Inc.

SECOND: It is incorporated under the laws of Massachusetts

THIRD: Character of business, briefly stated, is Social Services

FOURTH: If foreign corporation, address of its principal office 45 Commercial Wharf Boston, MA

FIFTH: Business address in Rhode Island 2500 Post Road Warwick, RI 02886

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

Name	Office	Address (including number, street, zip code)
Lois Silverman	Director	6 Phillips Road, Stoneham, MA
Donald Larson	Director	82 Pond Street, Cohasset, MA
	Director	
Lois Silverman	President	6 Phillips Road, Stoneham, MA
Donald Larson	Vice President	82 Pond Street, Cohasset, MA
Lois Silverman	Secretary	6 Phillips Road, Stoneham, MA
Donald Larson	Treasurer	82 Pond Street, Cohasset, MA

SEVENTH: Number of Shares authorized:

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

EIGHTH: Number of Shares issued:

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

03/12/86 PAID
ANNREP
CHECK
16627
15.00

Dated 2/27 19 86

Comprehensive Rehabilitation Associates, Inc.
(Name of Corporation)

By Lois E Silverman

Title President

(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
OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT
OF

Comprehensive Rehabilitation Associates, Inc

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

FIRST: The name of the corporation is Comprehensive Rehabilitation Associates, Inc

SECOND: It is incorporated under the laws of Massachusetts

THIRD: The address of its registered office in Rhode Island is Suite 3-A, 101 Dyer St, Providence, RI 02903 and the name of its registered agent in Rhode Island at such address is John Dolan

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is 62 Commercial Wharf, Boston MA 02110

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

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

Name	Office	Address
Lois E Silverman	Director	6 Phillips Rd, Stoneham MA
Donald J Larson	Director	82 Pond St, Cohasset, MA
	Director	
	Director	
	Director	
	Director	
Lois E Silverman	President	6 Phillips Rd, Stoneham MA
Donald J Larson	Vice President	82 Pond St, Cohasset MA
	Secretary	
	Treasurer	

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

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
100	common		no par

MAR 1 1984

FORM 31 35M 9-78

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

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
100	common		no par

X Dated 2-14, 1984 X Comprehensive Rehab. Assoc. Inc
(NAME OF CORPORATION)

X By Jill Jones

Its VP

Filing fee: $15.00

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

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

Annual Report for the year 1983

FIRST: The name of the corporation is

Comprehensive Rehabilitation Associates, Inc.

SECOND: It is incorporated under the laws of MASSACHUSETTS

THIRD: Character of business, briefly stated, is INSURANCE CONSULTING

FOURTH: If foreign corporation, address of its principal office

62 Commercial Wharf, Boston, MASS. 02110

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 2500 Post Rd, Warwick, R.I. 02886

SIXTH: Names and addresses of its directors and officers:

-(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
Lois E. Silverman	President	6 Phillips Rd, Stoneham, MASS.
David J. Larson	Vice President	82 Pond St, Cohasset, MASS.
Lois E. Silverman	Secretary	6 Phillips Rd, Stoneham, MASS
David J. Larson	Treasurer	82 Pond St, Cohasset, MASS.

(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
1000	COMMON		NO par value

FEB 21 1983

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	COMMON		NO PAR VALUE

Dated: 2/11 19 83

Comprehensive Rehab. Assoc.
(Name of Corporation)

By David J. Larson

Title V.P.

(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

FORM 3: 11-82

Filing fee: $15.00

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

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

OF

Comprehensive Rehabilitation Associates, Inc

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

FIRST: The name of the corporation is Comprehensive Rehabilitation Associates, Inc

SECOND: It is incorporated under the laws of Mass

THIRD: The address of its registered office in Rhode Island is 2500 Post Rd Warwick R.I.

and the name of its registered agent in Rhode Island at such address is Prentice Hall Corporate System Inc

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

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

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

Name	Office	Address
Lois Silverman	Director	4 Phillips Rd Stoneham mass
Donald Larson	Director	84 Pond ST Cohasset mass
	Director	
	Director	
	Director	
	Director	
Lois Silverman	President	As Above
Donald Larson	Vice President	As Above
	Secretary	
Lois Silverman	Treasurer	As Above

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

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
1000	Common		No Par

APR 19 1982

FORM 31 35M 8-78

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

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value

Dated 4/2, 1982

Comprehensive Rehab Assoc Inc
(NAME OF CORPORATION)

By X David Yarnow

Its V P

Filing fee: $15.00

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

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

OF

Comprehensive Rehabilitation Associates, Inc

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

FIRST: The name of the corporation is
Comprehensive Rehabilitation Associates, Inc

SECOND: It is incorporated under the laws of mass

THIRD: The address of its registered office in Rhode Island is
2500 Post Rd Warwick R.I.

and the name of its registered agent in Rhode Island at such address is
Prentice Hall Corporate System Inc

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

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

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

Name	Office	Address
Lois Silverman	Director	4 Phillips Rd Stoneham mass
Donald Larson	Director	81 Pond ST Cohasset mass
	Director	
	Director	
	Director	
	Director	
Lois Silverman	President	As Above
Donald Larson	Vice President	As Above
	Secretary	
Lois Silverman	Treasurer	As Above

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

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
12 500	Common		No Par

APR 20 1981
HD

FORM 31 35M 8-78

0 20 81 1189A14 15.00BL 09 15.00

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

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value

Dated X 4/6, 1981 X Community Rehab. Assn.
(NAME OF CORPORATION)

By Darl Jensen

Its Vice-President

Filing fee: $15.00

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

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT
OF

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

FIRST: The name of the corporation is Comprehensive Rehabilitation Associates, Inc.

SECOND: It is incorporated under the laws of Massachusetts

THIRD: The address of its registered office in Rhode Island is 2500 Post Road, Warwick, Rhode Island

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

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

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is Vocational Evaluation and Placement

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

Name	Office	Address
Lois E. Silverman	Director	6 Phillips Rd Stoneham, MA.
Merrill Hassenfeld	Director	185 Devonshire St Boston, MA
	Director	
	Director	
	Director	
	Director	
Lois E. Silverman	President	6 Phillips Rd Stoneham, MA
" "	Vice President	" "
Merrill Hassenfeld	Secretary	185 Devonshire St Boston, MA
Lois E. Silverman	Treasurer	6 Phillips Rd Stoneham, MA

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

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
0			No Par Value

APR 20 1980

CH

Form 31 8-79

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

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
100			NO PAR VALUE

Dated Feb 28, 1980

Comprehensive Rehabilitation Assoc.
(NAME OF CORPORATION)

By Lars E Silverman

Its President