



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 OR PRINTED IN BLACK)

1. Corporate ID No 17764		2. Name of Corporation Hopkins Manor, Ltd.			
3. Street Address Principal Business Office 610 Smithfield Road			City North Prov.	State RI	Zip 02904
4. Business Phone No. 401-353-6300		5. State of Incorporation RHODE ISLAND			6. SIC Code 9472
7. Brief Description of the Character of Business Conducted in Rhode Island THE OPERATION OF A HEALTH CARE FACILITY					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Ronald R. Robidoux			Vice President Name Robert Forcier		
Street Address 608 Smithfield Road			Street Address 505 Tiogue Avenue		
City North Prov.	State RI	Zip 02904	City Coventry	State RI	Zip
Secretary Name Lawrence S. Gates			Treasurer Name Lori Berard		
Street Address 317 Hope Street			Street Address 608 Smithfield Road		
City Providence	State RI	Zip 02906	City North Prov.	State RI	Zip 02904
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Ronald R. Robidoux			Director Name Lawrence S. Gates		
Street Address Same			Street Address Same		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES	
600 \$1.00 PAR VALUE				Number of Shares	Class/Series
				300	Common
					\$1.00

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



FILED

File Date: MAR 07 2005 7391

Check No. _____

By: CB

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.

Ronald R. Robidoux 2-7-05
Signature of Officer Date
Ronald R. Robidoux
Print or Type Name of Officer
President
Title of Officer



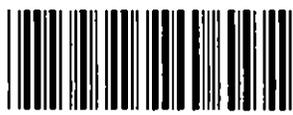
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 17764		2. Name of Corporation Hopkins Manor, Ltd.			
3. Street Address Principal Business Office 610 Smithfield Road			City North Prov.	State RI	Zip 02904
4. Business Phone No. (401) 353-6300		5. State of Incorporation RHODE ISLAND			6. SIC Code 9472
7. Brief Description of the Character of Business Conducted in Rhode Island THE OPERATION OF A HEALTH CARE FACILITY					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Ronald R. Robidoux			Vice President Name Robert R. Forcier		
Street Address 608 Smithfield Road			Street Address 608 Smithfield Road		
City North Prov.	State RI	Zip 02904	City North Prov.	State RI	Zip 02904
Secretary Name Lawrence S. Gates			Treasurer Name Lori Berard		
Street Address 317 Hope Street			Street Address 608 Smithfield Road		
City Providence	State RI	Zip 02906	City North Prov.	State RI	Zip 02904
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Ronald R. Robidoux			Director Name Robert R. Forcier		
Street Address Same			Street Address Same		
City	State	Zip	City	State	Zip
Director Name Lawrence S. Gates			Director Name		
Street Address Same			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	\$1.00 PAR VALUE		300	Common	\$1.00

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



* 1 7 7 6 4 *

File Date 3/9/04
Check No. 6539
By: US
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.

Ronald R. Robidoux 3/24/04
Signature of Officer Date
Ronald R. Robidoux
Print or Type Name of Officer
President
Title of Officer



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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **17764** 2. Name of Corporation **Hopkins Manor, Ltd.**
3. Street Address Principal Business Office **610 Smithfield Road** City **North Prov.** State **RI** Zip **02904**
4. Business Phone No. **(401) 353-6300** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9472**

7. Brief Description of the Character of Business Conducted in Rhode Island **the operation of a health care facility; to do everything generally done by those carrying on a similar business for a lawful purpose**

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

President Name Ronald R. Robidoux Street Address 608 Smithfield Road City North Prov. State RI Zip 02904	Vice President Name Robert R. Forcier Street Address 608 Smithfield Road City North Prov. State RI Zip 02904
Secretary Name Lawrence S. Gates Street Address 317 Hope Street City Providence State RI Zip 02906	Treasurer Name Lori Berard Street Address 608 Smithfield Road City North Prov. State RI Zip 02904

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

Director Name Lawrence S. Gates Street Address Same City Providence State RI Zip 02906	Director Name Robert R. Forcier Street Address Same City North Prov. State RI Zip 02904
Director Name Ronald R. Robidoux Street Address Same City Providence State RI Zip 02906	Director Name Ronald R. Robidoux Street Address Same City Providence State RI Zip 02906

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

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
600	\$1.00 PAR VALUE		300	Common	\$1.00 par value

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



* 1 7 7 6 4 *

File Date: 4-9-03
Check No.: 5491
By: ICP

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.

Ronald R. Robidoux 2-12-03
Signature of Officer Date

Ronald R. Robidoux
Print or Type Name of Officer
President
Title of Officer



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. **17764** 2. Name of Corporation **Hopkins Manor, Ltd.**
3. Street Address Principal Business Office City State Zip
610 Smithfield Road North Prov. RI 02904
4. Business Phone No. 5. State of Incorporation 6. SIC Code
(401) 353-6300 RHODE ISLAND 9472

7. Brief Description of the Character of Business Conducted in Rhode Island the operation of a health care facility; to do everything generally done by those carrying on a similar business for any lawful purpose.

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

President Name Ronald R. Robidoux Street Address 608 Smithfield Road City State Zip North Prov. RI 02904	Vice President Name Robert R. Forcier Street Address 608 Smithfield Road City State Zip North Prov. RI 02904
Secretary Name Lawrence S. Gates Street Address 100 Medway Street City State Zip Providence RI 02906	Treasurer Name Lori Berard Street Address 608 Smithfield Road City State Zip North Prov RI 02904

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

Director Name Lawrence S. Gates Street Address Same City State Zip	Director Name Robert R. Forcier Street Address Same City State Zip
Director Name Ronald R. Robidoux Street Address Same City State Zip	Director Name Street Address City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
600 \$1.00 PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
300	Common	\$1.00 parvalue

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



* 1 7 7 6 4 *

File Date: 3-1-02
Check No.: 20040
By: Kome

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.

Ronald R. Robidoux 2-6-02
Signature of Officer Date

Ronald R. Robidoux
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 17764 2. Name of Corporation Hopkins Manor, Ltd.

3. Street Address Principal Business Office 610 Smithfield Road City North Prov. State RI Zip 02904
4. Business Phone No. (401) 353-6300 5. State of Incorporation RHODE ISLAND 6. 9872

7. Brief Description of the Character of Business Conducted in Rhode Island the operation of a health care facility; to do everything generally done by those carrying on a similar business for any lawful purpose.

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

President Name <u>Ronald R. Robidoux</u> Street Address <u>608 Smithfield Road</u> City <u>North Prov</u> State <u>RI</u> Zip <u>02904</u> Secretary Name <u>Lawrence S. Gates</u> Street Address <u>100 Medway Street</u> City <u>Providence</u> State <u>RI</u> Zip <u>02906</u>	Vice President Name <u>Robert R. Forcier</u> Street Address <u>608 Smithfield Road</u> City <u>North Prov.</u> State <u>RI</u> Zip <u>02904</u> Treasurer Name <u>Ellen M. Almeida</u> Street Address <u>608 Smithfield Road</u> City <u>North Prov.</u> State <u>RI</u> Zip <u>02904</u>
---	--

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

Director Name <u>Lawrence S. Gates</u> Street Address <u>Same</u> City <u>Same</u> State <u>RI</u> Zip <u>02906</u>	Director Name <u>Robert R. Forcier</u> Street Address <u>Same</u> City <u>Same</u> State <u>RI</u> Zip <u>02904</u>
Director Name <u>Ronald R. Robidoux</u> Street Address <u>Same</u> City <u>Same</u> State <u>RI</u> Zip <u>02904</u>	Director Name <u>Same</u> Street Address <u>Same</u> City <u>Same</u> State <u>RI</u> Zip <u>02904</u>

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

AUTHORIZED SHARES
Number of Shares 600 SHS Class/Series \$1.00 PAR VAL Par Value

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

ISSUED SHARES
Number of Shares 300 Class/Series Common Par Value \$1.00 par value

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



* 1 7 7 6 4 *

File Date: 3-14-01

Check No.: 18950

By: [Signature]

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] 3-8-01
Signature of Officer Date

Ronald R. Robidoux
Print or Type Name of Officer
President

Title of Officer



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. **17764** 2. Name of Corporation **Hopkins Manor, Ltd.**

3. Street Address Principal Business Office **610 Smithfield Road** City **North Prov.** State **RI** Zip **02904**

4. Business Phone No. **(401) 353-6300** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9472**

7. Brief Description of the Character of Business Conducted in Rhode Island **the operation of a health care facility; to do everything generally done by those carrying on a similar business for any lawful purpose.**

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

President Name Ronald R. Robidoux Street Address 608 Smithfield Road City North Prov. State RI Zip 02904	Vice President Name Robert R. Forcier Street Address 608 Smithfield Road City North Prov. State RI Zip 02904
Secretary Name Lawrence S. Gates Street Address 100 Medway Street City Providence State RI Zip 02906	Treasurer Name Dennis K. Hemond Street Address 608 Smithfield Road City North Prov. State RI Zip 02904

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

Director Name Lawrence S. Gates Street Address same City same State RI Zip 02906	Director Name Dennis K. Hemond Street Address same City same State RI Zip 02904
Director Name Ronald R. Robidoux Street Address same City same State RI Zip 02906	Director Name Robert Forcier Street Address same City same State RI Zip 02904

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	600 SHS	\$1.00 PAR VAL	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	300	Common	\$1.00 par value

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



* 1 7 7 6 4 *

File Date: 3/13/00

Check No.: 17661

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 2-23-2000
Signature of Officer Date

Ronald R. Robidoux
Print or Type Name of Officer

President
Title of Officer

RE: Hopkins Manor, Ltd.

Assistant Secretaries –

Dennis K. Hemond
608 Smithfield Road
North Providence, RI 02904

Anthony Barile
608 Smithfield Road
North Providence, RI 02904

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. 17764		2. Name of Corporation Hopkins Manor, Ltd.			
3. Street Address Principal Business Office 610 Smithfield Road			City No. Prov.	State RI	Zip 02904
4. Business Phone No. (401) 353-6300		5. State of Incorporation RHODE ISLAND			6. SIC Code 8472
7. Brief Description of the Character of Business Conducted in Rhode Island the operation of a health care facility; to do everything generally done by those carrying on a similar business for any lawful purpose.					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Ronald R. Robidoux			Vice President Name Robert Forcier		
Street Address 608 Smithfield Road			Street Address 608 Smithfield Road		
City North. Prov.	State RI	Zip 02904	City North Prov.	State RI	Zip 02904
Secretary Name Lawrence S. Gates			Treasurer Name Dennis K. Hemond		
Street Address 100 Medway Street			Street Address 608 Smithfield Road		
City Providence,	State RI	Zip 02906	City North Prov.	State RI	Zip 02904
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Lawrence S. Gates			Director Name Dennis K. Hemond		
Street Address Same			Street Address Same		
City	State	Zip	City	State	Zip
Director Name Ronald R. Robidoux			Director Name Robert Forcier		
Street Address Same			Street Address Same		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 SHS	\$1.00 PAR VAL		300	Common	\$1.00 par value

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



File Date: May 10 1999
Check No.: 16490
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 3-4-99
Signature of Officer Date
Ronald R. Robidoux
Print or Type Name of Officer
President
Title of Officer

RE: Hopkins Manor, Ltd.

Assistant Secretary -

Dennis K. Hemond
608 Smithfield Road
North Providence, RI 02904

Anthony Barile
608 Smithfield Road
North Providence, RI 02904

RE: Hopkins Manor, Ltd.

Assistant Secretary -

Dennis K. Hemond
608 Smithfield Road
North Providence, RI 02904

Anthony Barile
608 Smithfield Road
North Providence, RI 02904



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. **17764** 2. Name of Corporation **Hopkins Manor, Ltd.**
3. Street Address Principal Business Office **610 Smithfield Road** City **No. Prov.** State **RI** Zip **02904**
4. Business Phone No. **(401) 353-6300** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9472**

7. Brief Description of the Character of Business Conducted in Rhode Island **the operation of a health care facility; to do everything generally done by those carrying on a similar business for any lawful purpose**

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

President Name Ronald R. Robidoux Street Address 27 Dryden Lane City Providence State RI Zip 02904	Vice President Name Robert Forcier Street Address 27 Dryden lane City Prov. State RI Zip 02904
Secretary Name Lawrence S. Gates Street Address 100 Medway Street City Providence State RI Zip 02906	Treasurer Name Dennis K. Hemond Street Address 27 Dryden Lane City Providence State RI Zip 02904

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

Director Name Lawrence S. Gates Street Address 100 Medway Street City Providence State RI Zip 02906	Director Name Dennis K. Hemond Street Address 27 Dryden Lane City Providence State RI Zip 02904
Director Name Ronald R. Robidoux Street Address 27 Dryden Lane City Providence State RI Zip 02904	Director Name Robert R. Forcier Street Address 27 Dryden Lane City Providence, State RI Zip 02904

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

AUTHORIZED SHARES Number of Shares 600 SHS \$1.00 PAR VAL	ISSUED SHARES Number of Shares 300 Class/Series Common Par Value \$1.00 par value
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 3-17-97
Check No.: 3547
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 2-21-97
Signature of Officer Date
Ronald R. Robidoux
Print or Type Name of Officer
President
Title of Officer

RE: Hopkins Manor, Ltd.

Assistant Secretary -

Dennis K. Hemond
27 Dryden Lane
Providence, RI 02904

Anthony Barile
27 Dryden Lane
Providence, RI 02904

**PROFIT CORPORATION
ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 17764		2. NAME OF CORPORATION Hopkins Manor, Ltd.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 610 Smithfield Road		CITY North Providence	STATE RI
		ZIP CODE 02904	
4. BUSINESS PHONE NO. (401) 353-6300		5. STATE OF INCORPORATION RHODE ISLAND	
6. SIC CODE 9472			

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND: the operation of a health care facility; to do everything generally done by those carrying on a similar business for any lawful purpose.

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME Ronald R. Robidoux			VICE PRESIDENT NAME		
STREET ADDRESS 27 Dryden Lane			STREET ADDRESS		
CITY Providence	STATE RI	ZIP CODE 02904	CITY	STATE	ZIP CODE
SECRETARY NAME Lawrence S. Gates			TREASURER NAME Dennis K. Hemond		
STREET ADDRESS 100 Medway Street			STREET ADDRESS 27 Dryden Lane		
CITY Providence,	STATE RI	ZIP CODE 02906	CITY Providence	STATE RI	ZIP CODE 02904

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME Lawrence S. Gates			DIRECTOR NAME Dennis K. Hemond		
STREET ADDRESS 100 Medway Street			STREET ADDRESS 27 Dryden Lane		
CITY Providence	STATE RI	ZIP CODE 02904	CITY Providence	STATE RI	ZIP CODE 02904
DIRECTOR NAME Ronald R. Robidoux			DIRECTOR NAME		
STREET ADDRESS 27 Dryden Lane			STREET ADDRESS		
CITY Providence	STATE RI	ZIP CODE 02904	CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
600 SHS	\$1.00 PAR VAL		300	Common	\$1.00 par value

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

File Date: 1/29/96
Check No: 13130
By: [Signature]
For Secretary of State Use Only

[Signature]
Signature of Officer
Ronald R. Robidoux
Print or Type Name of Officer
President
Title of Officer
Date: 2-25-96



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

00177E4

1995

Corporate ID:

Annual Report for the year:

Hopkins Manor, Ltd.

Name of Corporation:

Business entity organized under the laws of the State of: Rhode Island
 For foreign entity, address and telephone number of principal office:

N/A

Phone: ()

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
 610 Smithfield Road
 North Providence, RI 02904

Phone: (401) 353-6300

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:
 the operation of a health care facility; to do everything generally done by those carrying on a similar business for any lawful purpose

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT Ronald R. Robidoux	27 Dryden Lane	Providence, RI	02904
VICE PRESIDENT			
SECRETARY Lawrence S. Gates	100 Medway Street,	Providence, RI	02906
TREASURER Dennis K. Hemond	27 Dryden Lane	Providence, RI	02904

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Lawrence S. Gates	Same		
Ronald R. Robidoux	Same		
Dennis K. Hemond	Same		

NUMBER OF SHARES AUTHORIZED (Rider may be attached)
 Number of Shares 600 Class / Series Common
 One Dollar (\$1.00) per share par value

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)
 Number of Shares 300 Class / Series Common
 One Dollar (\$1.00) per share par value

Date February 19 95

By:
 Ronald R. Robidoux
 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.

LAWRENCE S. GATES
 100 MEDWAY STREET
 PROVIDENCE RI 02906

FILED

APR 07 1995

By:
 1995

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

PLP OK #11026 \$50.00

Corporate ID: 0017764 Annual Report for the year: 1994

Name of Business Entity: Hopkine Manor, Ltd.

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

Federal Taxpayer Identification Number: [REDACTED]

For foreign entry, address and telephone number of principal office

N/A

Phone: [REDACTED]

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

610 Smithfield Road
North Providence, RI 02904

Phone: 401-353-6300

Business Entity is (check one)

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

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

Lawrence S. Gates, Esq.
100 Medway Street
Providence, RI 02906

Brief statement of the character of business conducted in Rhode Island

the operation of a health care facility; to do everything generally done by those carrying on a similar business for any lawful purpose

Date of Organization: January 25, 1993 5/2/78

Date of Qualification to do business in Rhode Island (if foreign entry) N/A

THE NAMES OF THE OFFICERS ARE:

CHIEF EXECUTIVE OFFICER PRESIDENT OFFICER
NAME: Ronald R. Robidoux STREET ADDRESS: 27 Dryden Lane, Providence, RI 02904 CITY/STATE: ZIP CODE:

CHIEF FINANCIAL OFFICER VICE PRESIDENT OFFICER
NAME: STREET ADDRESS: CITY/STATE: ZIP CODE:

CHIEF ACCOUNTING OFFICER SECRETARY OFFICER
NAME: Lawrence S. Gates STREET ADDRESS: 100 Medway Street, Providence, RI 02906 CITY/STATE: ZIP CODE:

CHIEF LEGAL OFFICER TREASURER OFFICER
NAME: Dennis K. Hemond STREET ADDRESS: 27 Dryden Lane, Providence, RI 02904 CITY/STATE: ZIP CODE:

THE NAMES OF THE DIRECTORS ARE:

NAME: Lawrence S. Gates STREET ADDRESS: 100 Medway Street, Providence, RI 02906 CITY/STATE: ZIP CODE:

NAME: Ronald R. Robidoux STREET ADDRESS: 27 Dryden Lane, Providence, RI 02904 CITY/STATE: ZIP CODE:

NAME: Dennis K. Hemond Same STREET ADDRESS: CITY/STATE: ZIP CODE:

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 600

CLASS Common

SERIES -----

PAR VALUE OR WITHOUT PAR One dollar (\$1.00) Per Share Par Value

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 300

CLASS Common

SERIES -----

PAR VALUE OR WITHOUT PAR One Dollar (\$1.00) Per Share Par Value

Date February 19 94

By: [Signature] Ronald R. Robidoux

PRINT OR TYPE NAME (IF NOT SIGNING) President

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.

LAWRENCE S. GATES
100 MEDWAY STREET
PROVIDENCE RI 02906

FILED
MAR 17 1994
By: MES9

Filing Fee \$50.00

10317B

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 0017764 Annual Report for the year 1993

FIRST: The name of the corporation is HOPKINS HEALTH CENTER, INC.
(now HOPKINS MANOR, LTD. - name changed as of January 25, 1993)

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is the operation of a health care facility;
to do everything generally done by those carrying on a similar business
for any lawful purpose.

FOURTH: If foreign corporation, address of its principal office
Not Applicable

FIFTH: Business address in Rhode Island c/o Lawrence S. Gates, Esq., 100 Medway
Street, Providence, RI 02906

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

Name	Office	Address (including number, street, zip code)
Lawrence S. Gates	Director	100 Medway St., Prov., RI 02906
Ronald R. Robidoux	Director	27 Dryden Lane, Prov., RI 02904
Dennis K. Hemond	Director	" " " " " "
Ronald R. Robidoux	President	Same
	Vice President	
Lawrence S. Gates	Secretary	Same
Dennis K. Hemond	Treasurer	Same

SEVENTH: Number of Shares authorized:

No. of Shares	Class
600	Common

Par Value
or statement that
shares are without
par value

One Dollar (\$1.00)
Per Share Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class
300	Common

Par Value
or statement that
shares are without
par value

One Dollar (\$1.00)
Per Share Par Value

Dated February 19 93

HOPKINS MANOR, LTD.

(Name of Corporation)

By [Signature]

Title President

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0017764 Annual Report for the year 1992

FIRST: The name of the corporation is HOPKINS HEALTH CENTER, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is the operation of a health care facility;
to do everything generally done by those carrying on a similar business
for any lawful purpose.

FOURTH: If foreign corporation, address of its principal office
Not Applicable

FIFTH: Business address in Rhode Island c/o Lawrence S. Gates, Esq., 100 Medway St.,
Providence, RI 02906

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

Name	Office	Address (including number, street, zip code)
Lawrence S. Gates	Director	100 Medway St., Prov., RI 02906
Ronald R. Robidoux	Director	27 Dryden Lane, Prov., RI 02904
Dennis K. Hemond	Director	" " " " " "
Ronald R. Robidoux	President	Same
-----	Vice President	
Lawrence S. Gates	Secretary	Same
Dennis K. Hemond	Treasurer	Same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common	PATD	One Dollar (\$1.00) Per Share Par Value

MAR 03 1992

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
300	Common	-----	One Dollar (\$1.00) Per Share Par Value

Dated February 19 92

HOPKINS HEALTH CENTER, INC.

(Name of Corporation)

By Lawrence S. Gates

Title President Secretary

(Report must be signed by an officer)

Filing Fee \$50.00

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

State of Rhode Island and Providence Plantations

RTM

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0017764 Annual Report for the year 1991

FIRST: The name of the corporation is HOPKINS HEALTH CENTER, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is the operation of a health care facility;
to do everything generally done by those carrying on a similar business
for any lawful purpose.

FOURTH: If foreign corporation, address of its principal office Not Applicable

FIFTH: Business address in Rhode Island c/o Lawrence S. Gates, Esq., 100 Medway St.,
Providence, RI 02906

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

Name	Office	Address (including number, street, zip code)
Lawrence S. Gates	Director	100 Medway Street, Prov., RI 02906
Ronald R. Robidoux	Director	27 Dryden Lane, Prov., RI 02904
Dennis K. Hemond	Director	27 Dryden Lane, Prov., RI 02904
Ronald R. Robidoux	President	Same
-----	Vice President	
Lawrence S. Gates	Secretary	Same
Dennis K. Hemond	Treasurer	Same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common	----	One Dollar (\$1.00) Per Share Par Value

PAID

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
300	Common	----	One Dollar (\$1.00) Per Share Par Value

MAR 01 1991
SECY OF STATE

Dated February 27 1991

HOPKINS HEALTH CENTER, INC.

(Name of Corporation)

By Ronald R. Robidoux

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

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 00177E4 Annual Report for the year 1990

FIRST: The name of the corporation is HOPKINS HEALTH CENTER, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is The operation of a health care facility; to do everything generally done by those carrying on a similar business for any lawful purpose.

FOURTH: If foreign corporation, address of its principal office Not Applicable

FIFTH: Business address in Rhode Island c/o Lawrence S. Gates, Esq., 100 Medway Street, Providence, RI 02906

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

Name	Office	Address (including number, street, zip code)
Lawrence S. Gates	Director	100 Medway Street, Providence, RI 02906
Ronald R. Robidoux	Director	27 Dryden Lane, Providence, RI 02904
Dennis K. Hemond	Director	27 Dryden Lane, Providence, RI 02904
Ronald R. Robidoux	President	Same
-----	Vice President	
Lawrence S. Gates	Secretary	Same
Dennis K. Hemond	Treasurer	Same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common	-----	One Dollar (\$1.00) Per Share Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
300	Common	-----	One Dollar (\$1.00) Per Share Par Value

PAID
FEB 05 1990
SECY. OF STATE

Dated February 28, 19 90

HOPKINS HEALTH CENTER, INC.
(Name of Corporation)

By *Paul E. Phillips*

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

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0017764 Annual Report for the year 1989

FIRST: The name of the corporation is HOPKINS HEALTH CENTER, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is the operation of a health care facility;
to do everything generally done by those carrying on a similar business
for any lawful purpose.

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

Not Applicable

FIFTH: Business address in Rhode Island c/o Lawrence s. Gates, Esq., 100 Medway St.
Providence, RI 02906

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

Name	Office	Address (including number, street, zip code)
Ernest R. Beaulieu	Director	610 Smithfield Rd., No. Prov., R.I. 02904
Ronald R. Robidoux	Director	" " " " " " "
Lawrence S. Gates	Director	100 Medway St., Providence, RI 02906
Ernest R. Beaulieu	President	610 Smithfield Rd., No. Prov., R.I. 02904
Ronald R. Robidoux	Vice President	" " " " " " "
Lawrence S. Gates	Secretary	100 Medway St., Providence, RI 02906
Ronald R. Robidoux	Treasurer	610 Smithfield Road, No. Prov., R.I.

SEVENTH: Number of Shares authorized:

No of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common	----	One Dollar (\$1.00) per share Par Value

EIGHTH: Number of Shares issued:

No of Shares	Class	Series	Par Value or statement that shares are without par value
300	Common	----	One Dollar (\$1.00) per share Par Value

PAID
MAR 1 1989

Dated February 9, 1989

HOPKINS HEALTH CENTER, INC.
(Name of Corporation)

By Lawrence S. Gates

Title Secretary

(Report must be signed by an officer)

Filing Fee \$15.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 17744 Annual Report for the year 1988

FIRST: The name of the corporation is HOPKINS HEALTH CENTER, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is the operation of a health care facility; to do everything generally done by those carrying on a similar business for any lawful purpose.

FOURTH: If foreign corporation, address of its principal office
Not applicable

FIFTH: Business address in Rhode Island c/o Lawrence S. Gates, Esq., 100 Medway Street
P.O. Box 3312, Providence, RI 02906

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

Name	Office	Address (including number, street, zip code)
Ernest R. Beaulieu	Director	610 Smithfield Rd., No. Prov., RI 02904
Ronald R. Robidoux	Director	" " " " " " " "
Lawrence S. Gates	Director	100 Medway Street, Providence, RI 02906
Ernest R. Beaulieu	President	610 Smithfield Rd., No. Prov., RI 02904
Ronald R. Robidoux	Vice President	" " " " " " " "
Lawrence S. Gates	Secretary	100 Medway Street, Providence, RI 02906
Ronald R. Robidoux	Treasurer	610 Smithfield Rd., Providence, RI 02904

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common	----	One Dollar (\$1.00) per share Par Value

PAID
MAR 17 1988

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
300	Common	----	One Dollar (\$1.00) per share Par Value

SECY OF STATE

Dated February 9 1988

HOPKINS HEALTH CENTER, INC.
(Name of Corporation)

By: Lawrence S. Gates

Title: Secretary

(Report must be signed by an officer)

Filing Fee \$15.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....17764..... Annual Report for the year.....1987.....

FIRST: The name of the corporation is.....HOPKINS HEALTH CENTER, INC.....

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

THIRD: Character of business, briefly stated, is the operation of a health care facility;
to do everything generally done by those carrying on a similar business
for any lawful purpose.

FOURTH: If foreign corporation, address of its principal office.....
Not applicable

FIFTH: Business address in Rhode Island c/o Lawrence S. Gates, Esq., 100 Medway St.,
P.O. Box 3312, Providence, RI 02906

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

Name	Office	Address (including number, street, zip code)
Ernest R. Beaulieu	Director	610 Smithfield Rd., No. Prov., R.I.
Ronald R. Robidoux	Director	" " " " " "
Lawrence S. Gates	Director	100 Medway Street, Providence, R.I.
Ernest R. Beaulieu	President	610 Smithfield Rd., No. Prov., R.I.
Ronald R. Robidoux	Vice President	" " " " " "
Lawrence S. Gates	Secretary	100 Medway St., Providence, R.I.
Ronald R. Robidoux	Treasurer	610 Smithfield Rd., No. Prov., R.I.

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common	PAID	One Dollar (\$1.00) per share Par Value

MAR 06 1987

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
300	Common	----	One Dollar (\$1.00) per share Par Value

SECY. OF STATE

Dated.....February 6..... 1987.....

HOPKINS HEALTH CENTER, INC. (Name of Corporation)

By *Lawrence S. Gates*

Title Secretary

MAY 21 1987

(Report must be signed by an officer)

Filing Fee \$15.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 17764 Annual Report for the year 1986

FIRST: The name of the corporation is HOPKINS HEALTH CENTER, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is the operation of a health care facility;
to do everything generally done by those carrying on a similar business
for any lawful purpose.

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

Not applicable

FIFTH: Business address in Rhode Island c/o Lawrence S. Gates, Esq., 100 Medway St.,
P.O. Box 3312, Providence, RI 02906

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

Name	Office	Address (including number, street, zip code)
Ernest R. Beaulieu	Director	610 Smithfield Rd., No. Prov., R.I.
Ronald R. Robidoux	Director	610 Smithfield Rd., No. Prov., R.I.
Lawrence S. Gates	Director	100 Medway St., Prov., R.I.
Ernest R. Beaulieu	President	610 Smithfield Rd., No. Prov., R.I.
Ronald R. Robidoux	Vice President	" " " " " "
Lawrence S. Gates	Secretary	100 Medway St., Prov., R.I.
Ronald R. Robidoux	Treasurer	610 Smithfield Rd., No. Prov., R.I.

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common	-----	One Dollar (\$1.00) per share Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
300	Common	-----	One Dollar (\$1.00) per share Par Value

PAID
JAN 27 1986
SECY. OF STATE

Dated January 31 19 86

APR 05 ENT'D

(Report must be signed by an officer)

HOPKINS HEALTH CENTER, INC.
(Name of Corporation)

By [Signature]

Title Secretary

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 17764 Annual Report for the year 1985

FIRST: The name of the corporation is HOPKINS HEALTH CENTER, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is the operation of a health care facility;
to do everything generally done by those carrying on a similar business
for any lawful purpose.

FOURTH: If foreign corporation, address of its principal office.....
Not applicable

FIFTH: Business address in Rhode Island c/o Lawrence S. Gates, Esq.,
100 Medway Street, Providence, R.I. 02906

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

Name	Office	Address (including number, street, zip code)
Ernest R. Beaulieu	Director	610 Smithfield Rd., No. Providence, R.I.
Ronald R. Robidoux	Director	" " " " " "
Lawrence S. Gates	Director	100 Medway St., Providence, R.I. 02906
Ernest R. Beaulieu	President	610 Smithfield Rd., No. Providence, R.I.
Ronald R. Robidoux	Vice President	" " " " " "
Lawrence S. Gates	Secretary	100 Medway St., Providence, R.I. 02906
Ronald R. Robidoux	Treasurer	610 Smithfield Rd., No. Providence, R.I.

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common	---	One Dollar (\$1.00) per share Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
300	Common	---	One Dollar (\$1.00) per share Par Value

RECORDED MAR 1985

Dated February 13 19 85

HOPKINS HEALTH CENTER, INC.
(Name of Corporation)

By Lawrence S. Gates

Title Secretary

(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 for the year 1984

FIRST: The name of the corporation is HOPKINS HEALTH CENTER, INC.

SECOND: It is incorporated under the laws of Rhode Island - 5/2/78

THIRD: Character of business, briefly stated, is the operation of one or more health care facilities; to do everything generally done by those carrying on a similar business for any lawful purpose.

FOURTH: If foreign corporation, address of its principal office
Not applicable

FIFTH: Business address in Rhode Island
c/o Lawrence S. Gates, Esq., 100 Medway Street, Providence, R.I.

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Ernest R. Beaulieu	Director	610 Smithfield Rd., No. Providence, RI
Ronald R. Robidoux	Director	" " " " " "
Lawrence S. Gates	Director	100 Medway Street, Providence, RI 02906
Ernest R. Beaulieu	President	610 Smithfield Rd., No. Providence, RI
Ronald R. Robidoux	Vice President	" " " " " "
Lawrence S. Gates	Secretary	100 Medway St., Providence, RI 02906
Ronald R. Robidoux	Treasurer	610 Smithfield Rd., No. Providence, RI

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common	---	One Dollar (\$1.00) per share Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
300	Common	---	One Dollar (\$1.00) per share Par Value

Dated: January 1984

HOPKINS HEALTH CENTER, INC.

(Name of Corporation)

By

Lawrence S. Gates
Secretary

Title

(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

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

HOPKINS HEALTH CENTER, INC.

SECOND: It is incorporated under the laws of Rhode Island 5/2/78

THIRD: Character of business, briefly stated, is The operation of one or more health care facilities, and to do everything generally done by those carrying on a similar business for a lawful purpose.

FOURTH: If foreign corporation, address of its principal office

Not Applicable

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) c/o Lawrence S. Gates, Esq., 100 Medway St., Providence, R.I. 02906

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Ernest R. Beaulieu	Director	610 Smithfield Rd., North Providence, RI
Ronald R. Robidoux	Director	" " " " " "
Lawrence S. Gates	Director	100 Medway St., Providence, R.I. 02906
Ernest R. Beaulieu	President	610 Smithfield Rd., North Providence
Ronald R. Robidoux	Vice President	" " " " " "
Lawrence S. Gates	Secretary	100 Medway St., Providence, R.I.
Ronald R. Robidoux	Treasurer	610 Smithfield Rd., North Providence

(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
600	Common	---	One Dollar (\$1.00) per share Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
300	Common	---	One Dollar (\$1.00) per share Par Value

Date: MAY 6th 19 83

HOPKINS HEALTH CENTER, INC.

(Name of Corporation)

Ronald R. Robidoux
Title: *Vice President*

(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

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 1982

FIRST: The name of the corporation is
HOPKINS HEALTH CENTER, INC.

SECOND: It is incorporated under the laws of Rhode Island 5/2/78

THIRD: Character of business, briefly stated, is the operation of one or more health care facilities, and to do everything generally done by those carrying on a similar business for a lawful purpose.

FOURTH: If foreign corporation, address of its principal office
Not Applicable

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address)
c/o Lawrence S. Gates, Esq.
131 Wayland Avenue, Providence, R. I. 02906

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Ernest R. Beaulicu	Director	610 Smithfield Rd., No. Providence, RI
Ronald R. Robidoux	Director	610 Smithfield Rd., No. Providence, RI
Lawrence S. Gates	Director	131 Wayland Ave., Providence, RI
Ernest R. Beaulieu	President	610 Smithfield Rd., No. Providence, RI
Ronald R. Robidoux	Vice President	" " " " " "
Lawrence S. Gates	Secretary	131 Wayland Ave., Providence, R.I.
Ronald R. Robidoux	Treasurer	610 Smithfield Rd., No. Providence, RI

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common	---	One Dollar (\$1.00) per share Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
300	Common	---	One Dollar (\$1.00) per share Par Value

Dated: February 3, 19 82

HOPKINS HEALTH CENTER, INC.

(Name of Corporation)

By *[Signature]*
Title Treasurer

(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
FEB 16 1982

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

1981 ANNUAL REPORT

OF

HOPKINS HEALTH CENTER, 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 HOPKINS HEALTH CENTER, INC.

SECOND: It is incorporated under the laws of Rhode Island 5/2/78

THIRD: The address of its registered office in Rhode Island is
131 Wayland Avenue, Providence, R. I. 02906

and the name of its registered agent in Rhode Island at such address is
Lawrence S. Gates, Esq.

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
NOT APPLICABLE

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is the operation of one or more health care facilities, and to do everything generally done by those carrying on a similar business for a lawful purpose.

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

Name	Office	Address
Ernest R. Beaulieu	Director	610 Smithfield Rd., No. Providence
Ronald R. Robidoux	Director	610 Smithfield Rd., No. Providence
Lawrence S. Gates	Director	131 Wayland Ave., Providence 02906
	Director	
	Director	
	Director	
Ernest R. Beaulieu	President	610 Smithfield Rd., No. Providence
Ronald R. Robidoux	Vice President	610 Smithfield Rd., No. Providence
Lawrence S. Gates	Secretary	131 Wayland Ave., Providence 02906
Ronald R. Robidoux	Treasurer	610 Smithfield Rd., No. Providence

02904

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
600	Common	---	One Dollar (\$1.00) per share Par Value

Par Value per Share or Statement that shares are without Par Value

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81
9498A14
150081

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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:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
300	Common	---	One Dollar (\$1.00) per share Par Value

Dated February 18, 1981

HOPKINS HEALTH CENTER, INC.
(NAME OF CORPORATION)

By



Its Treasurer

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

1980 ANNUAL REPORT

OF

HOPKINS HEALTH CENTER, 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 HOPKINS HEALTH CENTER, INC.

SECOND: It is incorporated under the laws of Rhode Island - 5/2/78

THIRD: The address of its registered office in Rhode Island is

131 Wayland Avenue, Providence, Rhode Island 02906

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

Lawrence S. Gates, Esq.

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

NOT APPLICABLE

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is The operation of one or more health care facilities, and to do everything generally done by those carrying on a similar business for a lawful purpose.

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

Name	Office	Address
Ernest R. Beaulieu	Director	610 Smithfield Rd., No. Providence, R.
Ronald R. Robidoux	Director	610 Smithfield Rd., No. Providence, R.
Lawrence S. Gates	Director	131 Wayland Ave., Providence, R.I.
	Director	
	Director	
	Director	
Ernest R. Beaulieu	President	610 Smithfield Rd., No. Providence, R.
Ronald R. Robidoux	Vice President	" " " " " "
Lawrence S. Gates	Secretary	131 Wayland Ave., Providence, R.I.
Ronald R. Robidoux	Treasurer	610 Smithfield Rd., No. Providence, R.I.

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
600	Common	2-5-80	One Dollar (\$1.00) per share Par Value

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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:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
300	Common	---	One Dollar (\$1.00) per share Par Value

Dated January 15, 1980

HOPKINS HEALTH CENTER, INC.
(NAME OF CORPORATION)

By 
Its Treas.