



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 02903-133
401.222.304

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. 86869		2. Name of Corporation Civigenics, Inc.			
3. Street Address Principal Business Office 100 LOCKE DRIVE			City MARLBOROUGH	State MA	Zip 01752
4. Business Phone No. 5084869300		5. State of Incorporation MASSACHUSETTS			6. SIC Code 7245
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE MANAGEMENT SERVICES TO FOR PROFIT AND NOT FOR PROFIT ORGANIZATIONS AND TO PROVIDE ADVICE AND SERVICES REGARDING ADDICTION REHABILITATION.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ROY I. ROSS		Vice President Name NONE			
Street Address 100 LOCKE DRIVE		Street Address			
City MARLBOROUGH	State MA	Zip 01752	City	State	Zip
Secretary Name DONALD LEEF		Treasurer Name DONALD LEEF			
Street Address 100 LOCKE DRIVE		Street Address 100 LOCKE DRIVE			
City MARLBOROUGH	State MA	Zip 01752	City MARLBOROUGH	State MA	Zip 01752
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☒ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JOAN C. MCARDLE		Director Name JAMES JOHNSON			
Street Address 100 LOCKE DRIVE		Street Address 100 LOCKE DRIVE			
City MARLBOROUGH	State MA	Zip 01752	City MARLBOROUGH	State MA	Zip 07152
Director Name JOSEPH B GILL		Director Name ROY I. ROSS			
Street Address 100 LOCKE DRIVE		Street Address 100 LOCKE DRIVE			
City MARLBOROUGH	State MA	Zip 01752	City MARLBOROUGH	State MA	Zip 01752
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value		
1,429,764 PREF \$0.01 PAR VALUE, 2,500,000 COMM NO PAR					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☒ ISSUED SHARES					
Number of Shares		Class/Series	Par Value		
531,821		PREF/A	\$0.01		
458,232		PREF/B	\$0.01		
369,989		COMM	\$0.00		

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



8 6 8 6 9

86869 FBC 01/07/06 09:42 AM

FILED

File Date MAY 13 2005 2258

Check No. By CB

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
DONALD N. LEEF
Date 1-20-05
Print or Type Name of Officer
Secretary/Clerk

Officers List for: CIVIGENICS, INC.

Name	Title	Address
Donald Leef	Secretary/Treasurer	100 Locke Drive Marlborough, MA 01752
Roy I Ross	President/CEO	100 Locke Drive Marlborough, MA 01752

Director List for: CIVIGENICS, INC.

Name	Title	Address
James Johnson		100 Locke Drive Marlborough, MA 01752
Joan McArdle		100 Locke Drive Marlborough, MA 01752
Joseph B Gill		100 Locke Drive Marlborough, MA 01752
Oliver Nicklin		100 Locke Drive Marlborough, MA 01752
Pierre Marc Johnson		100 Locke Drive Marlborough, MA 01752
Roy I Ross		100 Locke Drive Marlborough, MA 01752



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 IN BLACK)

1. Corporate ID No. 86869		2. Name of Corporation Civigenics, Inc.			
3. Street Address Principal Business Office 100 Locke Drive		City Marlborough		State MA	Zip 01757
4. Business Phone No. 508-486-9300		5. State of Incorporation Massachusetts			6. SIC Code 7245
7. Brief Description of the Character of Business Conducted in Rhode Island Provide advice and services regarding addiction rehabilitation.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Roy Ross		Vice President Name			
Street Address 100 Locke Drive		Street Address			
City Marlborough	State MA	Zip 01757	City	State	Zip
Secretary Name Donald Leef		Treasurer Name Donald Leef			
Street Address 100 Locke Drive		Street Address 100 Locke Drive			
City Marlborough	State MA	Zip 01757	City Marlborough	State MA	Zip 01757
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☒ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Roy Ross		Director Name Oliver Nicklin			
Street Address 100 Locke Drive		Street Address 223 South Wacker Drive			
City Marlborough	State MA	Zip 01757	City Chicago	State IL	Zip 60606
Director Name Joseph Gill		Director Name Joan McArdle			
Street Address 26 Burning Hill Lane		Street Address 420 Boylston Street			
City West Barnstable	State MA	Zip 02668	City Boston	State MA	Zip 02116
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
2,500,000	Common	None	369,989	Common	None
531,821	Series A	\$0.01	531,821	Series A	\$0.01

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



8 6 8 6 9

File Date	9/10/04
Check No.	33001036
By:	DA
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

Donald Leef
Print or Type Name of Officer

Treasurer
Title of Officer

Form 630 12/01

State of Rhode Island and Providence Plantations

Additional Shares Authorized and Issued

<u>Number of Shares</u>	<u>Class/Series</u>	<u>Par Value</u>
458,232	Series B	\$0.01

Civigenics
Additional Board of Directors
As of 08/30/04

James Johnson
Director
Apex Investors Planners
225 W Washington St
Suite 1500
Chicago, IL 60606



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

(FOR ALL MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 86869 2. Name of Corporation Civigenics, Inc.

3. Street Address Principal Business Office

City

State

Zip

100 Locke Drive

Marlborough

MA

01752

4. Business Phone No.

(508) 486-2306

5. State of Incorporation

MASSACHUSETTS

6. SIC Code

7245

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

IN PRISON DRUG TREATMENT

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

President Name

Vice President Name

ROY I. ROSS

Street Address

Street Address

100 Locke Drive

City

State

Zip

City

State

Zip

Marlborough MA

01752

Secretary Name

Treasurer Name

Donald Leef

Donald Leef

Street Address

Street Address

100 Locke Drive

100 Locke Drive

City

State

Zip

City

State

Zip

Marlborough MA

01752

Marlborough MA

01752

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

Director Name

Director Name

ROY ROSS

Joseph Gill

Street Address

Street Address

100 Locke Drive

26 Burning Tree Lane

City

State

Zip

City

State

Zip

Marlborough MA

01752

West Barnstable MA

02668

Director Name

Director Name

JAMES JOHNSON

Pierre Marc Johnson

Street Address

Street Address

225 W. Washington Street

1250 Boule. Rene-Levesque Quat

City

State

Zip

City

State

Zip

Chicago IL

60606

Montreal Canada

H3B 4X1

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

1,429,764 PREF \$.01 PAR VALUE, 2,500,000 COMM NO PAR VALUE

1,429,764

Preferred

\$0.01

369,989

Common

0

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



* 8 6 8 6 9 *

File Date: 2/14/03

Check No.: 232001476

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] 2/10/03
Signature of Officer Date

DONALD N. LEEF
Print or Type Name of Officer

CEO
Title of Officer

5

Form 630 12/02

CiviGenics Board of Directors

As of 01/31/03

Joan McArdle

Director

MA Capital Resource Co

420 Boylston Street

Boston, MA 02116

Business: 617 536-3900

Home: 781 942-1833

Cell Ph: 617 290-6463

Bus Fax: 617 536-7930

jmcardle@masscapital.com

Oliver Nicklin

Director

The Sears Tower

Suite 9500

233 South Wacker Drive

Chicago, IL 60606

Business : 312 258-7107

Bus Fax: 312 258-7607

onicklin@fana.com



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

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 86869		2. Name of Corporation Civigenics, Inc.			
3. Street Address Principal Business Office 100 Locke Drive			City Marlborough	State MA	Zip 01752
4. Business Phone No. (508) 486-9300		5. State of Incorporation MASSACHUSETTS		6. SIC Code 7245	
7. Brief Description of the Character of Business Conducted in Rhode Island IN PRISON Drug treatment.					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS.					
President Name Roy I. Ross			Vice President Name N/A		
Street Address 82 East Hillingly Road			Street Address		
City Foster	State RI	Zip 02825	City	State	Zip
Secretary Name Donald Leef			Treasurer Name Donald Leef		
Street Address 100 Locke Drive			Street Address 100 Locke Drive		
City Marlborough	State MA	Zip 01752	City Marlborough	State MA	Zip 01752
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) ☒ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Roy I. Ross			Director Name Joseph P. Gill		
Street Address 82 East Hillingly Road			Street Address 26 BURNING TREE LANE		
City Foster	State RI	Zip 02825	City West Barnstable	State MA	Zip 02668
Director Name Joan C. McArdle			Director Name Oliver Nicklin		
Street Address 153 Bancroft Avenue			Street Address 412 Walnut Street		
City Reading	State MA	Zip 01857	City Wimethua	State IL	Zip 60093
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
1,429,764 PREF \$.01 PAR VALUE, 2,500,000 COMM NO PAR VALUE			1,251,353	Preferred	\$.01
			311,300	COMMON	NONE

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



* 8 6 8 6 9 *

File Date: 3-6-02

Check No.: 111020640

By: 20

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: Roy I. Ross Date: _____

Print or Type Name of Officer: Roy I. Ross

Title of Officer: CEO

CIVIGENICS CORPORATE OFFICERS AND DIRECTORS

	<u>Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Directors	James A. Johnson	2139 Larkdale Avenue	Glenview	IL	60025
Directors	Robert P. Galea	43 Sheridan Street	Shrewsbury	MA	01545
Directors	Pierre Marc Johnson	1509 Sherbrooke Ouest, #16A	Montreal	Canada	H3G 1M1



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

Corporations Division
100 North Main Street, Providence, RI 02903-1334
401-222-3041



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. Corporation No. 86869		2. Name of Corporation Civigenics, Inc.			
3. Street Address Principal Business Office 100 Locke Drive			City Marlborough	State MA	Zip 01752
4. Business Phone No. (508) 486-9300		5. State of Incorporation MA		6. SIC Code 7245	
7. Brief Description of the Character of Business Conducted in Rhode Island substance abuse treatment programs within the prison system					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) ☒ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ROY E. ROSS			Vice President Name N/A		
Street Address 82 East Killingly Road			Street Address N/A		
City Foster	State RI	Zip 02825	City N/A	State 	Zip
Secretary Name Scott Grossman			Treasurer Name Scott Grossman		
Street Address 15 Slocumb Place			Street Address 15 Slocumb Place		
City Medway	State MA	Zip 02053	City Medway	State MA	Zip 02053
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) ☒ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name ROY E. ROSS			Director Name JOAN L. McARDLE		
Street Address 82 East Killingly Road			Street Address 153 BANCROFT AVENUE		
City Medway Foster	State RI	Zip 02825	City Reading	State MA	Zip 01857
Director Name Joseph B. Gill			Director Name Oliver Nicklin		
Street Address 26 Burning Tree Lane			Street Address 412 Walnut Street		
City West Barnstable	State MA	Zip 02668	City Winnetka	State IL	Zip 60093
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
2,500,000	Common	None	311,300	Common	None
531,821	Series A Preferred	\$0.01	531,821	Series A Preferred	\$0.01

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

File Date: 10-12-01

Check No.: 111018770

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer: [Signature] Date: 10-3-01

Print or Type Name of Officer: Scott Grossman

Title of Officer: Treasurer

CiviGenics, Inc.
Stockholders' Equity
as of June 30, 2001

Authorized Shares:

<u>Number of Shares</u>	<u>Class/Series</u>	<u>Par Value</u>
2,500,000	Common	none
531,821	Series A Preferred	\$ 0.01
458,232	Series B Convertible Preferred	\$ 0.01
439,711	Series C Convertible Junior Preferred	\$ 0.01

Issued and Outstanding Shares:

<u>Number of Shares</u>	<u>Class/Series</u>	<u>Par Value</u>
311,300	Common	none
531,821	Series A Preferred	\$ 0.01
458,232	Series B Convertible Preferred	\$ 0.01
261,300	Series C Convertible Junior Preferred	\$ 0.01

CIVIGENICS CORPORATE OFFICERS AND DIRECTORS

	<u>Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Roy I. Ross	82 East Killingly Road	Foster	RI	02825
Vice-Pres	N/A	N/A	N/A	N/A	N/A
Secretary	Scott Grossman	15 Slocumb Place	Medway	MA	02053
Treasurer	Scott Grossman	15 Slocumb Place	Medway	MA	02053
Chair, Bd of Directors	Roy I. Ross	82 East Killingly Road	Foster	RI	02825
Directors	Joan C. McArdle	153 Bancroft Avenue	Reading	MA	01857
Directors	Joseph B. Gill	26 Burning Tree Lane	West Barnstable	MA	02668
Directors	Oliver Nicklin	412 Walnut Street	Winnelka	IL	60093
Directors	James A. Johnson	2139 Larkdale Avenue	Glenview	IL	60025
Directors	Robert P. Galea	43 Sheridan Street	Shrewsbury	MA	01545
Directors	Pierre Marc Johnson	1509 Sherbrooke Ouest, #16A	Montreal	Canada	H3G 1M1



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. 2. Name of Corporation

86869 CiviGenics, Inc.

3. Street Address Principal Business Office

City

State

Zip

100 Locke Drive

Marlborough

MA

01752

4. Business Phone No.

5. State of Incorporation

6. SIC Code

(800) 525-9479

MA

8755

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

Drug & Alcohol Rehabilitation and Offender Management

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

President Name

Vice President Name

Roy Ross

None

Street Address

Street Address

100 Locke Drive

City

State

Zip

City

State

Zip

Marlborough

MA

01752

Secretary Name

Treasurer Name

Scott Grossman

Scott Grossman

Street Address

Street Address

100 Locke Drive

100 Locke Drive

City

State

Zip

City

State

Zip

Marlborough

MA

01752

Marlborough

MA

01752

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

Director Name

Director Name

Roy Ross

Robert Galea

Street Address

Street Address

100 Locke Drive

4111 Minnesota Drive

City

State

Zip

City

State

Zip

Marlborough

MA

01752

Anchorage

AK

99503

Director Name

Director Name

Joseph Gill

Joan McArdle

Street Address

Street Address

26 Burning Tree Lane

420 Boylston Street

City

State

Zip

City

State

Zip

W. Barnstable

MA

02668

Boston

MA

02116

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
531,821	Series A	.01
458,232	Series B	.01
439,711	Series C	.01

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
531,821	Series A	.01
458,232	Series B	.01
245,300	Series C	.01

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

File Date: 9-1-00

Check No.: 1112932

By: RMF

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

Scott Grossman

Print or Type Name of Officer

Secretary/Treasurer

Title of Officer

ATTACHMENT
NAMES AND ADDRESSES OF THE DIRECTORS

James Johnson
225 W. Washington Street
Suite 1450
Chicago, IL 60606

Oliver Nicklin
233 South Wacker Drive
Chicago, IL 60606

Pierre Marc Johnson
1250 boul. Rene-Levesque Ouest
Montreal, PQ Canada H3B 4Y1



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

James R. Langevin, Secretary of State

September 22, 2000

CiviGenics, Inc.
100 Locke Drive
Marlborough, MA 01752

Re: **ID 86869**
CiviGenics, Inc.

Dear Sir or Madam:

Our records reflect the 2000 annual report for the above-referenced entity was filed on September 1, 2000.

However, the annual report reflected an increase in authorized shares from 200,000 common shares to a total of 1,429,764 authorized shares. The annual report is not the vehicle to record an increase of authorized shares. Please complete and remit for filing the enclosed Application for Amended Certificate of Authority. The application is accompanied by a detailed instruction sheet outlining the procedure to file.

If you have any questions, please feel free to contact me.

Very truly yours,

CORPORATIONS DIVISION

Maureen E. Ewing
Maureen E. Ewing
Assistant to the Director

Enc.

100 North Main Street
Providence
Rhode Island
02903-4333

Corporations/USCC
401-222-3040
Fax: 401-222-1519

Elections
401-222-2340
Fax: 401-222-1444

First Stop Business
Information Center
401-222-2185
Fax: 401-222-5890

Notary/Trademarks
401-222-1487
Fax: 401-222-5879

www.state.ri.us



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 02903-1331
401-222-3046



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. 86869		2. Name of Corporation Civilgenics, Inc.			
3. Street Address Principal Business Office 100 Locke Drive		City Marlborough	State MA		
4. Business Phone No. (800) 525-9479		5. State of Incorporation MASSACHUSETTS			
6. SIC Code 7245					
7. Brief Description of the Character of Business Conducted in Rhode Island substance abuse treatment programs within the prison system					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) ☒ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Roy I. Ross		Vice President Name CFO Robert E. Kinney			
Street Address 100 Locke Drive		Street Address 100 Locke Drive			
City Marlborough	State MA	City Marlborough	State MA		
Zip 01752		Zip 01752			
Secretary Name (42a)(6) Robert E. Kinney		Treasurer Name Joseph B. Gill			
Street Address 100 Locke Drive		Street Address 22 High Street			
City Marlborough	State MA	City Southborough	State MA		
Zip 01752		Zip 01772			
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) ☒ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Roy I. Ross		Director Name Oliver Nicklin			
Street Address 100 Locke Drive		Street Address 233 South Wacker Drive			
City Marlborough	State MA	City Chicago	State IL		
Zip 01752		Zip 60606			
Director Name Joseph B. Gill		Director Name James Johnson			
Street Address 22 High Street		Street Address 233 South Wacker Drive			
City Southborough	State MA	City Chicago	State IL		
Zip 01772		Zip 60606			
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
200,000 2,500,000	SHS COMM NO PAR shares common	no par	301,767	common	no par
531,821	Preferred Series A	\$.01 par	531,821	Preferred Series A	\$.01 par

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



* 8 6 8 6 9 *

File Date: **Feb 10, 99**
Check No.: **1110543**
By: **JD**
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: **Robert E. Kinney**
Print or Type Name of Officer: **Robert E. Kinney**
Title of Officer: **Assistant Treasurer & Clerk/CFO**

CiviGenics, Inc.

DIRECTORS

Roy I. Ross	100 Locke Drive Marlborough, MA 01752	President
Joseph B. Gill	22 High Street Southboro, MA 01772	
Oliver Nicklin	233 South Wacker Drive Chicago, IL 60606	
James Johnson	233 South Wacker Drive Chicago, IL 60606	
Joan McArdle	420 Boylston Street Boston, MA 02116	
Robert Galea	2805 Bering Street Anchorage, AK 99503	
Pierre Marc Johnson	1250, boul. Rene-Levesque Ouest Bureau 2500 Montreal, PQ Canada H3B 4Y1	

OFFICERS

Roy I. Ross	100 Locke Drive Marlborough, MA 01752	President
Joseph B. Gill	22 High Street Southboro, MA 01772	Treasurer
Robert F. Kinney	100 Locke Drive Marlborough, MA 01752	Assistant Treasurer and Clerk/CFO
Michael P. Angelini	311 Main Street Worcester, MA 01608	Assistant Clerk
Susan Rayne	161 Worcester Road Framingham, MA 01701	Assistant Clerk
Samuel Sacco	100 Locke Drive Marlborough, MA 01752	Assistant Clerk

CiviGenics, Inc.
Stockholders' Equity
01/29/99

Authorized Shares:

<u>Number of Shares</u>	<u>Class/Series</u>	<u>Par Value</u>
2,500,000	Common	none
531,821	Series A Preferred	\$ 0.01
458,232	Series B Convertible Preferred	\$ 0.01
439,711	Series C Convertible Junior Preferred	\$ 0.01

Issued and Outstanding Shares:

<u>Number of Shares</u>	<u>Class/Series</u>	<u>Par Value</u>
301,767	Common	none
531,821	Series A Preferred	\$ 0.01
458,232	Series B Convertible Preferred	\$ 0.01
243,000	Series C Convertible Junior Preferred	\$ 0.01



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 86869	2. Name of Corporation CiviGenics, Inc.	City Marlborough	State MA	Zip 01752
3. Street Address Principal Business Office 100 Locke Drive	5. State of Incorporation MA	6. SIC Code 7245		
4. Business Phone No. (800) 525-9479	7. Brief Description of the Character of Business Conducted in Rhode Island Manage Recidivism Reduction Programs			

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

President Name Roy I. Ross Street Address 100 Locke Drive City Marlborough State MA Zip 01752 Secretary Name Robert E. Kinney Street Address 100 Locke Drive City Marlborough State MA Zip 01752	Vice President Name Robert E. Kinney Street Address 100 Locke Drive City Marlborough State MA Zip 01752 Treasurer Name Joseph B. Gill Street Address 22 High Street City Southboro State MA Zip 01772
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) X

Director Name Roy I. Ross Street Address 100 Locke Drive City Marlborough State MA Zip 01752 Director Name Oliver Nicklin Street Address 233 South Wacker Drive City Chicago State IL Zip 60606	Director Name Joseph B. Gill Street Address 22 High Street City Southboro State MA Zip 01772 Director Name James Johnson Street Address 233 South Wacker Drive City Chicago State IL Zip 60606
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10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) Y

AUTHORIZED SHARES	Class/Series	Par Value
2,500,000	Common	none
531,821	Series A Preferred	\$.01

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

ISSUED SHARES	Class/Series	Par Value
301,767	Common	none
531,821	Series A Preferred	\$.01

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

File Date: **10-24-98**
Check No.: **11103400**
By: **AMF**

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer: **Robert E. Kinney** Date: **6/15/98**
Print or Type Name of Officer: **Robert E. Kinney**
Title of Officer: **CFO**

11- ID # 86869

CiviGenics, Inc.

DIRECTORS

Roy I. Ross	100 Locke Drive Marlborough, MA 01752	President
Joseph B. Gill	22 High Street Southboro, MA 01772	
Oliver Nicklin	233 South Wacker Drive Chicago, IL 60606	
James Johnson	233 South Wacker Drive Chicago, IL 60606	
Joan McArdle	420 Boylston Street Boston, MA 02116	
Robert Galea	2805 Bering Street Anchorage, AK 99503	
Clifford Simonsen	1064 N. Marshall Drive Camano Island, WA 98292	
Pierre Marc Johnson	1250, boul. Rene-Levesque Ouest Bureau 2500 Montreal, PQ Canada H3B 4Y1	

OFFICERS

Roy I. Ross	100 Locke Drive Marlborough, MA 01752	President
Joseph B. Gill	22 High Street Southboro, MA 01772	Treasurer
Robert E. Kinney	100 Locke Drive Milford, MA 01752	Assistant Treasurer and Clerk/CFO
Michael P. Angelini	311 Main Street Worcester, MA 01608	Assistant Clerk
Susan Rayne	161 Worcester Road Framingham, MA 01701	Assistant Clerk
Samuel Sacco	100 Locke Drive Milford, MA 01752	Assistant Clerk

Rhode Island ID #86869

CiviGenics, Inc.
Stockholders' Equity
06/15/98

Authorized Shares:

<u>Number of Shares</u>	<u>Class/Series</u>	<u>Par Value</u>
2,500,000	Common	none
531,821	Series A Preferred	\$ 0.01
458,232	Series B Convertible	\$ 0.01
439,711	Series C Convertible Junior	\$ 0.01

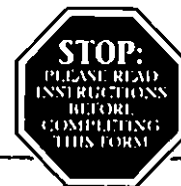
Outstanding Shares:

<u>Number of Shares</u>	<u>Class/Series</u>	<u>Par Value</u>
301,767	Common	none
531,821	Series A Preferred	\$ 0.01
458,232	Series B Convertible	\$ 0.01



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 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 86869		2. Name of Corporation Civigenics, Inc.	
3. Street Address Principal Business Office 200 East Main Street		City Milford	State MA
4. Business Phone No. 508-634-1877		5. State of Incorporation MASSACHUSETTS	6. SIC Code 7245
7. Brief Description of the Character of Business Conducted in Rhode Island Management Services N/A			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) ☒			
President Name Roy I. Ross		Vice President Name Asst. Secretary Samuel Sacco	
Street Address 82 E Killingly Road		Street Address 27 Lee Rd	
City Foster	State R.I.	City Barnington	State RI
Zip 02825		Zip 02806	
Secretary Name Susan Rayne		Treasurer Name Joseph B. Gill	
Street Address 34 Apple Blossom Lane		Street Address See Below	
City Stow	State M	City	State
Zip 01775		Zip 01775	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) ☒			
Director Name Robert Galea		Director Name Joan McArdle	
Street Address 106 E Main Street		Street Address 420 Baylston St.	
City Westboro	State MA	City Boston	State MA
Zip 01581		Zip 02116	
Director Name Joseph B. Gill		Director Name Clifford Simonson	
Street Address 22 High Street		Street Address 1064 N. Marshall Drive	
City Southboro	State MA	City Camano Island	State WA
Zip 01772		Zip 98292	
10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT) ☒			
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Par Value	
200,000 SHS COMM NO PAR			

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



* 8 6 8 6 9 *

File Date: **3/3/97**

Check No.: **2460**

By: **[Signature]**

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer: **Samuel Sacco** Date: **2/27/97**

Print or Type Name of Officer: **Samuel Sacco**

Title of Officer: **Assistant Secretary**

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. 86869		2. NAME OF CORPORATION Civigenics, Inc.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 200 East Main Street		CITY Milford	STATE MA
4. BUSINESS PHONE NO. (508) 634-1877		5. STATE OF INCORPORATION MASSACHUSETTS	6. SIC CODE 7245
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND To provide management services to for profit and not for profit organizations and to provide advice and services regarding addiction rehabilitation.			
Please see attached Exhibit A. NAMES AND ADDRESSES OF THE OFFICERS			
PRESIDENT NAME Roy I. Ross		VICE PRESIDENT NAME N/A	
STREET ADDRESS 82 East Killingly Road		STREET ADDRESS	
CITY Foster	STATE RI	CITY	STATE
ZIP CODE 02825		ZIP CODE	
TREASURER NAME Michael P. Angelini		TREASURER NAME Joseph B. Gill	
STREET ADDRESS 279 Crawford Street		STREET ADDRESS 22 High Street	
CITY Northboro	STATE MA	CITY Southboro	STATE MA
ZIP CODE 01532		ZIP CODE 01772	
Please attached Exhibit B. NAMES AND ADDRESSES OF THE DIRECTORS			
DIRECTOR NAME Roy I. Ross		DIRECTOR NAME Joseph B. Gill	
STREET ADDRESS 82 East Killingly Road		STREET ADDRESS 22 High Street	
CITY Foster	STATE RI	CITY Southboro	STATE MA
ZIP CODE 02825		ZIP CODE 01772	
DIRECTOR NAME Robert P. Galea		DIRECTOR NAME James Johnson	
STREET ADDRESS 106 E. Main Street		STREET ADDRESS 233 South Wacker Dr., Ste 9500	
CITY Westboro	STATE MA	CITY Chicago	STATE IL
ZIP CODE 01581		ZIP CODE 60606	
10. SHARES AUTHORIZED AND ISSUED			
AUTHORIZED SHARES		ISSUED SHARES	
NUMBER OF SHARES	CLASS / SERIES	NUMBER OF SHARES	CLASS / SERIES
2,000,000	SHS COMM NO PAR	188,800	Common
531,821	Series A Convertible Preferred, \$0.01 Par Value	531,821	Series A Convertible Preferred

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.

Susan M.F. Dechant
Signature of Officer

Susan M.F. Dechant
Print or Type Name of Officer

Assistant Clerk
Title of Officer

Date

File Date: **1/23/96**

Check No: **2477**

By: *JML/UP*
For Secretary of State Use Only

EXHIBIT A

Assistant Treasurer: Roy I. Ross
82 East Killingly Road
Foster, RI 02825

Assistant Clerk: Susan M.F. Dechant
34 Apple Blossom Lane
Stow, MA 01775

EXHIBIT B

Director: Oliver Nicklen
233 South Wacker Dr., Suite 9500
Chicago, IL 60606

Director: Joan McArdle
420 Boylston Street
Boston, MA 02116