



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. 82173		2. Name of Corporation THE CLIPPER HOME, INC.			
3. Street Address Principal Business Office 161 Post Road			City Westerly	State RI	Zip 02891
4. Business Phone No. (401) 322-8081		5. State of Incorporation CONNECTICUT			6. SIC Code 9472
7. Brief Description of the Character of Business Conducted in Rhode Island TO OWN OPERATE A NURSING CARE FACILITY.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Brian J. Foley			Vice President Name Brian F. Bedard		
Street Address 76 Hartford Road			Street Address 268 Center Street		
City Simsbury	State CT	Zip 06070	City W. Hartland	State CT	Zip 06091
Secretary Name Mark E. Hambley			Treasurer Name Brian J. Foley		
Street Address 3 Mountain Laurel Court			Street Address 76 Hartford Road		
City Canton	State CT	Zip 06019	City Simsbury	State CT	Zip 06070
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Brian J. Foley			Director Name Brian F. Bedard		
Street Address 76 Hartford Road			Street Address 268 Center Street		
City Simsbury	State CT	Zip 06070	City W. Hartland	State CT	Zip 06091
Director Name Mark E. Hambley			Director Name		
Street Address 3 Mountain Laurel Court			Street Address		
City Canton	State CT	Zip 06019	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
5,000 COMM NO PAR VALUE			100	Common	10.00

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



File Date 2/7/05
Check No. 1110380460
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] 1-20-05
Signature of Officer Date
Mark E. Hambley
Print or Type Name of Officer
Secretary
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. 82173		2. Name of Corporation THE CLIPPER HOME, INC.			
3. Street Address Principal Business Office 161 Post Road			City Westerly	State RI	Zip 02891
4. Business Phone No. (401) 322-8081		5. State of Incorporation CONNECTICUT		6. SIC Code 9472	
7. Brief Description of the Character of Business Conducted in Rhode Island TO OWN OPERATE A NURSING CARE FACILITY.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Brian J. Foley			Vice President Name Brian F. Bedard		
Street Address 76 Hartford Road			Street Address 268 Center Street		
City Simsbury	State CT	Zip 06070	City W. Hartland	State CT	Zip 06091
Secretary Name Mark E. Hambley			Treasurer Name Brian J. Foley		
Street Address 3 Mountain Laurel Court			Street Address 76 Hartford Road		
City Canton	State CT	Zip 06019	City Simsbury	State CT	Zip 06070
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Brian J. Foley			Director Name Brian F. Bedard		
Street Address 76 Hartford Road			Street Address 268 Center Street		
City Simsbury	State CT	Zip 06070	City W. Hartland	State CT	Zip 06091
Director Name Mark E. Hambley			Director Name		
Street Address 3 Mountain Laurel Court			Street Address		
City Canton	State CT	Zip 06019	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
5,000 COMM NO PAR VALUE			100	Common	10.00

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



* 8 2 1 7 3 *

File Date 3/22/04
Check No. 1110360664
By: MEH
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 3-5-04
Mark E. Hambley
Print or Type Name of Officer
Secretary
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(MUST BE TYPED OR PRINTED IN BLACK)

1. State ID No. **82173**
2. Name of Corporation **THE CLIPPER HOME, INC.**
3. Street Address Principal Business Office
161 Post Rd.
4. Business Phone No. **(401) 322-8081**
5. State of Incorporation **CONNECTICUT**
7. Brief Description of the Character of Business Conducted in Rhode Island
All legal purposes of a corporation including to own and operate a nursing care facility.

City **Westerly** State **RI** Zip **02891**
6. SIC Code **9472**

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

President Name **Brian J. Foley**
Street Address **76 Hartford Rd.**
City **Simsbury** State **CT** Zip **06070**

Vice President Name **Brian F. Bedard**
Street Address **26E Center St.**
City **W. Hartland** State **CT** Zip **06091**

Secretary Name **Mark E. Hambley**
Street Address **3 Mountain Laurel Court**
City **Canton** State **CT** Zip **06019**

Treasurer Name **Brian J. Foley**
Street Address **76 Hartford Rd.**
City **Simsbury** State **CT** Zip **06070**

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

Director Name **Brian J. Foley**
Street Address **76 Hartford Rd.**
City **Simsbury** State **CT** Zip **06070**
Director Name **Mark E. Hambley**
Street Address **3 Mountain Laurel Court**
City **Canton** State **CT** Zip **06019**

Director Name **Brian F. Bedard**
Street Address **26E Center St.**
City **W. Hartland** State **CT** Zip **06091**

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

Number of Shares	Class/Series	Par Value
5,000	COMM NO PAR VALUE	

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

Number of Shares	Class/Series	Par Value
100	Common	0.

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



* 8 2 1 7 3 *

FILED

SEP 08 2003

301110348996 GAB

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.

Mark E. Hambley 8-27-03
Signature of Officer Date

Mark E. Hambley
Print or Type Name of Officer

Secretary
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. **82173** 2. Name of Corporation **THE CLIPPER HOME, INC.**
3. Street Address Principal Business Office
161 Post Road City **Westerly** State **RI** Zip **02891**
4. Business Phone No. **401/322-8081** 5. State of Incorporation **CONNECTICUT** 6. SIC Code **9472**

7. Brief Description of the Character of Business Conducted in Rhode Island
All legal purposes of a corporation including to own and operate a nursing care facility.

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

President Name Brian J. Foley	Vice President Name Brian F. Bedard
Street Address 76 Hartford Road	Street Address 268 Center Street
City Simsbury State CT Zip 06070	City West Hartland State CT Zip 06091
Secretary Name Mark E. Hambley	Treasurer Name Brian J. Foley
Street Address 3 Mountain Laurel Court	Street Address 76 Hartford Road
City Canton State CT Zip 06019	City Simsbury State CT Zip 06070

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

Director Name Brian J. Foley	Director Name Brian F. Bedard
Street Address 76 Hartford Road	Street Address 268 Center Street
City Simsbury State CT Zip 06070	City West Hartland State CT Zip 06091
Director Name Mark E. Hambley	Director Name
Street Address 3 Mountain Laurel Court	Street Address
City Canton State CT Zip 06019	City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
5,000 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common \$10.00

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



* 8 2 1 7 3 *

File Date: 3-25-02
Check No.: 1110312700
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 of Officer: [Signature] Date: 2-28-02
Mark E. Hambley
Print or Type Name of Officer
Secretary

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. **82173** 2. Name of Corporation **THE CLIPPER HOME, INC.**

3. Street Address Principal Business Office **161 Post Road** City **Westerly** State **RI** Zip **02891**

4. Business Phone No. 5. State of Incorporation **CONNECTICUT** 6. SIC Code **9472**

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

All legal purposes of a corporation including to own and operate a nursing care facility.

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

President Name Brian J. Foley Street Address 76 Hartford Road City State Zip Simsbury CT 06070	Vice President Name Kenneth P. Lewis Street Address 28 Keeney Drive City State Zip Bolton CT 06043
Secretary Name Mark E. Hambley Street Address 3 Mountain Laurel Court City State Zip Canton CT 06019	Treasurer Name Brian J. Foley Street Address 76 Hartford Road City State Zip Simsbury CT 06070

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

Director Name Brian J. Foley Street Address 76 Hartford Road City State Zip Simsbury CT 06070	Director Name Kenneth P. Lewis Street Address 28 Keeney Drive City State Zip Bolton CT 06043
Director Name Mark E. Hambley Street Address 3 Mountain Laurel Court City State Zip Canton CT 06019	

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	5,000	Common	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100	Common	\$10.00

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



* 8 2 1 7 3 *

File Date: 1/26

Check No.: 1110294937

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] 1-9-01
Signature of Officer Date

Mark E. Hambley
Print or Type Name of Officer

Secretary
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. **82173** 2 Name of Corporation **THE CLIPPER HOME, INC.**

3 Street Address Principal Business Office **161 Post Road** City **Westerly** State **RI** Zip **02891**

4 Business Phone No. _____ 5 State of Incorporation **CONNECTICUT** 6 SIC Code **9472**

7 Brief Description of the Character of Business Conducted in Rhode Island **All legal purposes of a corporation including to own and operate a nursing care facility.**

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

President Name Brian J. Foley	Vice President Name Kenneth P. Lewis
Street Address 76 Hartford Road	Street Address 28 Keeney Drive
City Simsbury State CT Zip 06070	City Bolton State CT Zip 06043
Secretary Name Mark E. Hambley	Treasurer Name Brian J. Foley
Street Address 3 Mountain Laurel Ct.	Street Address 76 Hartford Road
City Collinsville State CT Zip 06022	City Simsbury State CT Zip 06070

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

Director Name Brian J. Foley	Director Name Kenneth P. Lewis
Street Address 76 Hartford Road	Street Address 28 Keeney Drive
City Simsbury State CT Zip 06070	City Bolton State CT Zip 06043
Director Name Mark E. Hambley	Director Name _____
Street Address 3 Mountain Laurel Ct.	Street Address _____
City Collinsville State CT Zip 06022	City _____ State _____ Zip _____

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

AUTHORIZED SHARES	Class/Series	Par Value
5,000	Common	

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

ISSUED SHARES	Class/Series	Par Value
100	Common	\$10.00

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



* 8 2 1 7 3 *

File Date: 3/24/00

Check No.: 1110262988

By: MEH

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: 2/17/00

Print or Type Name of Officer: Mark E. Hambley

Title of Officer: Secretary

OFFICERS & DIRECTORS

1. Full Legal Name: BRIAN J. FOLEY
Title(s): PRESIDENT, TREASURER, DIRECTOR
Residence Address: 76 HARTFORD ROAD
SIMSBURY, CT 06070
Business Address: 21 WATERVILLE ROAD
AVON, CT 06001

2. Full Legal Name: MARK E. HAMBLEY
Title(s): SECRETARY, DIRECTOR
Residence Address: 3 MOUNTAIN LAUREL COURT
COLLINSVILLE, CT 06022
Business Address: 21 WATERVILLE ROAD
AVON, CT 06001

3. Full Legal Name: KENNETH P. LEWIS
Title(s): VICE PRESIDENT, DIRECTOR
Residence Address: 28 KEENEY DRIVE
BOLTON, CT 06043
Business Address: 21 WATERVILLE ROAD
AVON, CT 06001

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. **82173** 2. Name of Corporation **THE CLIPPER HOME, INC.**

3. Street Address Principal Business Office, **161 Post Road**

City **Westerly**

State **RI**

Zip **02891**

4. Business Phone No

5. State of Incorporation **CONNECTICUT**

6. SIC Code **8472**

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

All legal purposes of a corporation

including to own and operate a nursing care facility.

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

President **BRIAN J. FOLEY**
Street Address
City **76 Hartford Road** State **CT** Zip **06070**
Secretary Name **Simsbury**

Vice President Name **KENNETH P. LEWIS**
Street Address
City **28 Keeney Drive** State **CT** Zip **06043**
Treasurer Name **Bolton**

Street Address **MARK E. HAMBLEY**
City **5 Colony Road** State **CT** Zip **06019**
Canton

Street Address **BRIAN J. FOLEY**
City **76 Hartford Road** State **CT** Zip **06070**
Simsbury

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

Director Name **BRIAN J. FOLEY**
Street Address
City **76 Hartford Road** State **CT** Zip **06070**
Simsbury
Director Name **MARK E. HAMBLEY**
Street Address
City **5 Colony Road** State **CT** Zip **06019**
Canton

Director Name **KENNETH P. LEWIS**
Street Address
City **28 Keeney Drive** State **CT** Zip **06043**
Bolton
Director Name
Street Address
City
State
Zip

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

Number of Shares	Class/Series	Par Value
5,000	Common	

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

Number of Shares	Class/Series	Par Value
100	Common	\$10.00

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



File Date: **7/21/99 82-99**
Check No.: **410246292110840292**
By: **a** **AMF**

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 **Mark E. Hambley** Date **7-14-99**
Print or Type Name of Officer **Mark E. Hambley**
Title of Officer **Secretary**

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. **82173** 2. Name of Corporation **THE CLIPPER HOME, INC.**
3. Street Address Principal Business Office **161 Post Road** City **Westerly** State **RI** Zip **02891**
4. Business Phone No. **401/322-8081** 5. State of Incorporation **CONNECTICUT** 6. SIC Code **8472**

7. Brief Description of the Character of Business Conducted in Rhode Island **All legal purposes of a corporation including to own and operate a nursing care facility.**

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

President Name Brian J. Foley	Vice President Name Kenneth P. Lewis
Street Address 76 Hartford Road	Street Address 28 Keeney Drive
City Simsbury State CT Zip 06070	City Bolton State CT Zip 06043
Secretary Name Mark E. Hambley	Treasurer Name Brian J. Foley
Street Address 5 Colony Road	Street Address 76 Hartford Road
City Canton State CT Zip 06019	City Simsbury State CT Zip 06070

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

Director Name Brian J. Foley	Director Name Kenneth P. Lewis
Street Address 76 Hartford Road	Street Address 28 Keeney Drive
City Simsbury State CT Zip 06070	City Bolton State CT Zip 06043
Director Name Mark E. Hambley	Director Name
Street Address 5 Colony Road	Street Address
City Canton State CT Zip 06019	City State Zip

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

Number of Shares	Class/Series	Par Value
5,000	Common	

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

Number of Shares	Class/Series	Par Value
100	Common	\$10.00

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



File Date: 5-6-98
Check No.: 1110217398
By: Am F
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: 4/29/98
Print or Type Name of Officer: Mark E. Hambley
Title of Officer: Secretary



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. **82173** 2. Name of Corporation **THE CLIPPER HOME, INC.**
3. Street Address, Principal Business Office **161 Post Road** City **Westerly** State **RI** Zip **02891**
4. Business Phone No. **401/322-8081** 5. State of Incorporation **CONNECTICUT** 6. SIC Code **9472**
7. Brief Description of the Character of Business Conducted in Rhode Island **All legal purposes of a corporation including to own and operate a nursing care facility.**

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

President Name Brian J. Foley	Vice President Name Kenneth P. Lewis
Street Address 76 Hartford Road	Street Address 28 Keeney Drive
City Simsbury State CT Zip 06070	City Bolton State CT Zip 06043
Secretary Name Mark E. Hambley	Treasurer Name Brian J. Foley
Street Address 5 Colony Road	Street Address 76 Hartford Road
City Canton State CT Zip 06019	City Simsbury State CT Zip 06070

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

Director Name Brian J. Foley	Director Name Kenneth P. Lewis
Street Address 76 Hartford Road	Street Address 28 Keeney Drive
City Simsbury State CT Zip 06070	City Bolton State CT Zip 06043
Director Name Mark E. Hambley	Director Name
Street Address 5 Colony Road	Street Address
City Canton State CT Zip 06019	City State Zip

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
5,000	Common		100	Common	\$10.00

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



* 8 2 1 7 3 *

File Date: 8.14.97
Check No.: 128
By: 100

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: 8/12/97
Print or Type Name of Officer: Mark E. Hambley
Title of Officer: 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. 82173		2. NAME OF CORPORATION THE CLIPPER HOME, INC.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 53 High Street		CITY Westerly	STATE RI
4. BUSINESS PHONE NO. 203 678-9755		5. STATE OF INCORPORATION CONNECTICUT	ZIP CODE 02891
6. SIC CODE 9472		7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND to own and operate a nursing care facility.	

8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME Brian J. Foley			VICE PRESIDENT NAME Kenneth Lewis		
STREET ADDRESS 76 Hartford Road			STREET ADDRESS 54 Riverview Street		
CITY Simsbury	STATE CT	ZIP CODE 06070	CITY Portland	STATE CT	ZIP CODE 06480
SECRETARY NAME Edwin L. Baum, Esq.			TREASURER NAME Mark E. Hambley		
STREET ADDRESS 250 South Ocean Blvd.			STREET ADDRESS 5 Colony Road		
CITY Boca Raton	STATE FL	ZIP CODE 33432	CITY Canton	STATE CT	ZIP CODE 06019

9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME Brian J. Foley			DIRECTOR NAME Edwin L. Baum, Esq.		
STREET ADDRESS same as above			STREET ADDRESS same as above		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME Ruthanne Sullivan			DIRECTOR NAME Mark Hambley		
STREET ADDRESS 1 Strachmore Lane			STREET ADDRESS same as above		
CITY Avon	STATE CT	ZIP CODE 06001	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
5,000	Common		100	Common	\$10.00

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: 5/20/96
Check No: 1180000033
By:
For Secretary of State Use Only

Signature of Officer
Mark E. Hambley
Print or Type Name of Officer
Assistant Secretary
Title of Officer
5/20/96
Date

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

Corporate ID: 82173

Annual Report for the year: 1995

Name of Corporation: THE CLIPPER HOME, INC.
 Business entity organized under the laws of the State of Rhode Island
 For foreign entity, address and telephone number of principal office

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

CT Corp Office-
Apple Health Care, Inc
PO Box Waterville Rd., Avon, CT 06001
 Address and telephone of the principal office of business entity in Rhode
 Island (Provide street address - Not PO Box)
53 High Street
Westerly, RI 02891

Brief statement of the character of business conducted in Rhode Island:
to own and operate a nursing care facility.

Phone: 203-678-9755

THE NAMES OF THE OFFICERS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Brian J. Foley	76 Hartford Road	Simsbury, CT	06070
Ruthanne Sullivan	1 Strathmore Lane	Avon, CT	06001
Edwin L. Baum	250 S. Ocean Boulevard	Boca Raton, FL	33432
Assistant Secretary			
Mark Hambley	5 Colony Road	Canton, CT	06019

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Brian J. Foley	Same as above		
Edwin L. Baum	Same as above		
Ruthanne Sullivan	Same as above		
Mark Hambley	Same as above		

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
5,000	Common	100	Common
\$10.00 par value		\$10.00 par value	

Date February 7 1995

By: Brian J. Foley
 Brian J. Foley
 President
 TITLE OF OFFICER SIGNING

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

FILED

APR 5 1995

By LL 003630