

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

| Filing Period: January<br>(FORM MUST BE TYPED OR                          | 1 - March 1 •                           | ANNUAL REPO                             | RT FOR THE YE   | AR200  | 5  |  |
|---|---|---|---|--|--|--|
| 1. Corporate ID No.   | 2. Name of Con                          | Doration                                |   | <del></del>  | <del>-</del>   |  |
| 11394   | Silver Cre                              | ek Manor, Inc.                          |   |  |  |  |
| 3 Street Address Principal Business Office<br>7 Creek Lane                |   |   | City<br>Bristol   | State<br>• RI  | 2ip<br>02809   |  |
| 4 Business Phone No (401) 253-3000 S. State of Incorporation RHODE ISLAND |   |   |   |  | 6. SIC Code<br>9472  |  |
| 7. Brief Description of the Cha<br>TO OPERATE A N                         | meter of Business Conduc<br>URSING HOME | cted in Rhode Island                    |   |  |  |  |
| 8. NAMES AND ADDRE<br>President Name<br>Gerald P. Ro                      |   | CERS: ("X" BOX FOR AT                   | TTACHMENT) [] FILL II  Vice President Name  Patricia M. | N SPACES BEFORE USIN   | G ATTACHMENTS  |  |
| Siren Addres<br>24 Charlotte  | Drive                                   |   | Street Address 24 Charlott                              |  | <del> </del>   |  |
| Bristol   | State<br>RI                             | 2ip<br>02809                            | City<br>Bristol   | State<br>RI  | 2(p<br>02809   |  |
| Secretary Name Patricia A.  | Romano                                  |   | Tryssury Name<br>Gerald F                               | . Romano   | ······d······i   |  |
| Sirver Address 24 Charlotte   | Drive                                   |   | Since Addres 24 Charlott                                | e Drive  |  |  |
| Bristol   | State<br>RI                             | 02809                                   | City<br>Bristol   | State  | Zip  |  |
|   |   | CTORS: ("X" BOX FOR                     | Bristol   | RI<br>IN SPACES BEFORE USE                                       | 02809  |  |
| None .  |   |   | Director Name   | IN SPACES BEFORE USI   | •  |  |
| Street Address  | en a julija i Ned<br>Sie nie nume a     |   | A. Street Address                                       | The Park of  | a a  |  |
| City  | State                                   | Zip                                     | City  | State  | Zip  |  |
| Director Name   |   | ••••••••••••••••••••••••••••••••••••••• | Director Name   |  | ······································                     |  |
| Street Address  |   |   | Street Address  |  |  |  |
| City  | State                                   | Zíp                                     | City  | State  | Zip  |  |
| 10. SHARES AUTHORIZ AUTHORIZED SHARES                                     | ED (*X" BOX FOR                         | ATTACHMENT) -                           | 11. SHARES ISSUED                                       | ("X" BOX FOR ATTACH  | IMENT)   |  |
| Number of Shares  | Class/Series                            | Par Value                               | Number of Shares  | Class/Series   | Par Value  |  |
| 2,000 NO PAR VALUE  |   |   | 100   | Common   | No Par   |  |
| <u> </u>  |   |   |   |  |  |  |
| This report must  | be signed in ink b                      | y either the President, Vice            | President, Secretary, Assist                            | tant Secretary, Treasurer,                                       | Receiver or Trustee  |  |
|   |   |   |   |  |  |  |
|   |   | <u>               </u><br>394°          | including any acco                                      | erjury, I declare and affirm the<br>mpanying schedules and state | nat I have examined this re<br>ements, and that all states |  |
| File Date 114/05  |   |   | contained herein are true and correct.                  |  |  |  |
| Check No. 17274   |   |   | Signardre of Officer<br>Geralo                          |  | Date   |  |
| ву:\  | ·                                       |   | Print or Type Name<br>Presi                             |  | <del></del>  |  |
| FOR SECRETARY O   | F STATE USE ONLY                        | '                                       | Title of Officer  |  |  |  |



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

Matthew A. Brown, Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR  $\_$ 2004 Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 11394 Silver Creek Manor, Inc. 3. Street Address Principal Business Office Bristol 7 Creek Lane RI 02809 4. Business Phone No. 5. State of Incorporation 6. SIC Code (401) 253-3000 RHODE ISLAND 9472 7. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE A NURSING HOME 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Gerald P. Romano Patricia M. Romano Street Address Street Address 24 Charlotte Drive 24 Charlotte Drive City State State 02809 02809 Bristol RI Bristol RΊ Treasurer Name Secretary Name Patricia A. Romano Gerald P. Romano Street Address Street Address 24 Charlotte Drive 24 Charlotte Drive City State Bristol RΙ 02809 RI 02809 Bristol 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT). FILL IN SPACES BEFORE USING ATTACHMENTS Director Name None Street Address Street Address City Zip City State Ζφ Director Name Director Name Street Address Street Address City State Zφ City State ZIP 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 2,000 NO PAR VALUE 100 No Par Common This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date Check No. 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 statemen      |
| contained herein are true and correct   |

Aliald PRomano Signature of Officer

Gerald P. Romano

Print or Type Name of Officer

President

Title of Officer



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



| (FORM MUST BE TYTED OR I'R                           | NTED IN BLACK)                    |                                   |   |                           |                                       |
|--|-----------------------------------|-----------------------------------|---|---------------------------|---------------------------------------|
| 1. Corporate ID No.                                  | 2. Name of Corpo                  | ration                            |   |                           |                                       |
| 11394  | Silver Cre                        | ek Manor, Inc.                    |   |                           |                                       |
| 3. Street Address Principal Busine                   | ess Office                        | •                                 | City                                      | State                     | Zip                                   |
| 7 Creek Lar 4. Business Phone No.                    | te .                              | 5. State of Incorporation         | Bristol                                   | RI                        | 02809<br>6. SIC Code                  |
| (401) 253-300  | ) ()<br>Her of Business Conducted | RHODE ISLAND                      |   |                           | 9472                                  |
| to operate a<br>8. NAMES AND ADDRI<br>President Name | nursing h                         | OME<br>FICERS (*X* BOX FOR ATTACE | IMENT) FILL IN SPACES Vice President Name | BEFORE USING ATTA         | CHMENTS                               |
| Gerald P. Ro   | omano                             |                                   | Patricia M                                | . Romano                  |                                       |
| 24 Charlotte   | e Drive<br>State                  | Zip                               | 24 Charlot                                | te Drive                  | · Zip                                 |
| Bristol<br>Secretary Name                            | RI                                | 02809                             | Bristol Treasurer Name                    | RI                        | 02809                                 |
| Patricia M. Street Address                           | Romano                            |                                   | Gerald P.                                 | Romano                    |                                       |
| 24 Charlotte   | Drive<br>State                    | Zip                               | 24 Charlot                                | te Drive                  | Zip                                   |
| Bristol 9. NAMES AND ADDRE                           | RI<br>SSES OF THE DIR             | 02809<br>ECTORS ("X" BOX FOR ATTA | BristolBristol                            | RI<br>ES BEFORE USING ATT | •                                     |
| None   |                                   |                                   | Director Name                             |                           |                                       |
| Street Address                                       |                                   |                                   | Street Address                            |                           |                                       |
| City   | State                             | Zip                               | City                                      | State                     | Zip                                   |
| Director Name  | * ********                        | <u> </u>                          | : Director Name                           |                           | ,                                     |
| Street Address                                       |                                   |                                   | Street Address                            |                           |                                       |
| City   | State                             | Zip                               | City                                      | State                     | Zip                                   |
| 10. SHARES AUTHORIZI                                 | ED ("X" BOX FOR ATT               | ACHMENT)                          | 11. SHARES ISSUED ?                       | X BOX FOR ATTACHMENT      | 77                                    |
| Number of Shares                                     | Class/Series                      | Par Value                         | Number of Shares                          | Class/Series              | Par Value                             |
| 2,000 NO PAR VALUE                                   |                                   |                                   |   | 5.m/3/ 5t/1t/5            | + + + + + + + + + + + + + + + + + + + |
| Specific Vite Vite Specific                          |                                   |                                   | 100                                       | Common                    | ' No Par                              |
|  | <del></del>                       |                                   |   | ·                         | ·                                     |
| his report must be sign                              | <b>aed in ink</b> by eitl         | ner the President, Vice Pr        | resident, Secretary, Assi                 | stant Secretary, Treasi   | irer, Receiver or Trustee             |
| 1 188  |                                   | 11 11 <i>6</i> 1                  | ••  | <b>,</b> ,                | ,                                     |
|  |                                   |                                   |   |                           |                                       |
|  |                                   | <b>     </b>                      |   |                           |                                       |

Under penalty of perhaps I declare and office about 1

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|------------------|----------------|
| File Date:       | 1/30/03        |
| Check No.:       | 16329          |
| Ву:              | Som            |
| 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.

| Levald PRoman        | 10 / | /21 | 103 |
|----------------------|------|-----|-----|
| Signature of Officer | Date |     |     |

| G       | era    | Ja   | P      | Ro    | mano   |
|---------|--------|------|--------|-------|--------|
| Print o | r Type | Name | of Oil | licer | morney |

President



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

| PROFIT CORPORATI | ION ANNUAL | REPORT | FOR TH | E YEAR | 2002 |
|------------------|------------|--------|--------|--------|------|



| riing rerioa: january  | 1-march 1 •  | 7 11111g 7 CC. \$30.00            |  |  | INSTRUC                                 |
|--|--|-----------------------------------|--|--|---|
| FORM MUST BE TYPED IN BLA  | CK)  |                                   |  |  |   |
| Corporate ID No.   | 2. Name of Corporal                                  | tion                              | · · · · · · · · · · · · · · · · · · ·  | <del>-</del> · .   |   |
| 11394  | Silver Creek   | Manor, Inc.                       |  |  |   |
| Street Address Principal Business  | Office   |                                   | City   | State  | Zip                                     |
| 7 Creek Lar  | ne   |                                   | Bristol  | RI   | 02809                                   |
| Business Phone No.   |  | 5. State of Incorporation         |  |  | 6. SIC Code                             |
| (401) 253-3000   | )  | RHODE ISLAND                      |  |  | 9472                                    |
| Brief Description of the Character   |  |                                   |  |  |   |
| to operate a r   |  |                                   |  |  |   |
| NAMES AND ADDRESS sident Name  |  | CERS ("X" BOX FOR ATTAC           | HMENT) FILL IN SPACES  Vice President Name   | BEFORE USING ATTACK  | IMENTS                                  |
| Gerald P. Ro   | mano   |                                   | Patricia N   | 1. Romano  |   |
| ret Address  |  |                                   | Street Address   |  |   |
| 24 Charlotte   | <b>A</b>   |                                   | 24 Charlot   | te Drive   |   |
| ,  | State  | Zip                               | City   | State  | Zip                                     |
| Bristol  | RI   | 02809                             | Bristol  | RI   | 02809                                   |
| etary Name   | _  |                                   | Theasurer Name   | *******  |   |
| Patricia M.  | Romano   |                                   | Gerald P.  | Romano   |   |
| Et Address   | . D  |                                   | Street Address   |  |   |
| 24 Chamlatta   |  |                                   | 24 Charlot   | to Drive   |   |
| 24 Charlotte   | •  | 1                                 | • • • •  |  |   |
| ,  | State  | 1 zip                             | City   | T <sub>State</sub>   | l Zip                                   |
| Bristol  | 'State<br>RI   | ' 02809                           | City<br>Bristol  | T <sub>State</sub><br>RT                                   | 1 02809                                 |
| Bristol<br>NAMES AND ADDRESS   | 'State<br>RI   | ' 02809                           | CHMENT) CFILLIN SPACE  | T <sub>State</sub><br>RT                                   | 1 02809                                 |
| Bristol NAMES AND ADDRESS  | 'State<br>RI   | ' 02809                           | City<br>Bristol  | T <sub>State</sub><br>RT                                   | 1 02809                                 |
| Bristol NAMES AND ADDRESS cotor Name None  | 'State<br>RI   | ' 02809                           | City Bristol  CHMENT) FILL IN SPACE Director Name  | T <sub>State</sub><br>RT                                   | 1 02809                                 |
| Bristol NAMES AND ADDRESS ector Name None  | 'State<br>RI   | ' 02809                           | CHMENT) CFILLIN SPACE  | T <sub>State</sub><br>RT                                   | 1 02809                                 |
| Bristol NAMES AND ADDRESS coor Name None st Address  | 'State<br>RI   | ' 02809                           | City Bristol  CHMENT) FILL IN SPACE Director Name  | T <sub>State</sub> RI ES BEFORE USING ATTAC                | 02809_CHMENTS                           |
| Bristol NAMES AND ADDRESS ector Name None et Address   | RI<br>RI<br>ES OF THE DIRE                           | 02809<br>CTORS (*X* BOX FOR ATT)  | City Bristol CHMENT) CFILL IN SPACE Director Name Street Address   | T <sub>State</sub><br>RT                                   | 1 02809                                 |
| Bristol NAMES AND ADDRESS cetor Name None et Address   | RI<br>RI<br>ES OF THE DIRE                           | 02809<br>CTORS (*X* BOX FOR ATT)  | City Bristol CHMENT) CFILL IN SPACE Director Name Street Address   | T <sub>State</sub> RI ES BEFORE USING ATTAC                | 02809_CHMENTS                           |
| Bristol NAMES AND ADDRESS  | RI<br>RI<br>ES OF THE DIRE                           | 02809<br>CTORS (*X* BOX FOR ATT)  | City Bristol  CHMENT) CFILL IN SPACE  Director Name  Street Address  City  | T <sub>State</sub> RI ES BEFORE USING ATTAC                | 02809_CHMENTS                           |
| Bristol NAMES AND ADDRESS ector Name None set Address  | RI<br>RI<br>ES OF THE DIRE                           | 02809<br>CTORS (*X* BOX FOR ATT)  | City Bristol  CHMENT) CFILL IN SPACE  Director Name  Street Address  City  | T <sub>State</sub> RI ES BEFORE USING ATTAC                | 02809_CHMENTS                           |
| Bristol NAMES AND ADDRESS ector Name None et Address ector Name  | RI RI ES OF THE DIRE                                 | 0 2 8 0 9 CTORS (*X* BOX FOR ATT) | City Bristol  CHMENT) CFILL IN SPACE  Director Name  Street Address  City  Director Name   | T <sub>State</sub> RI ES BEFORE USING ATTAC                | 02809_CHMENTS                           |
| Bristol NAMES AND ADDRESS ector Name None et Address ector Name  | RI<br>RI<br>ES OF THE DIRE                           | 02809<br>CTORS (*X* BOX FOR ATT)  | City Bristol  CHMENT) CFILL IN SPACE  Director Name  Street Address  City  Director Name   | T <sub>State</sub> RI ES BEFORE USING ATTAC                | 02809_CHMENTS                           |
| Bristol NAMES AND ADDRESS ector Name None et Address ector Name  | RI ES OF THE DIRE                                    | CTORS (*X* BOX FOR ATT)           | City Bristol  CHMENT) CFILL IN SPACE  Director Name  Street Address  City  Director Name  Street Address   | RI ES BEFORE USING ATTAC                                   | 02809<br>CHMENTS                        |
| Bristol NAMES AND ADDRESS ector Name None et Address et Address SHARES AUTHORIZED                                | RI ES OF THE DIRE                                    | CTORS (*X* BOX FOR ATT)           | City Bristol  CHMENT) CFILL IN SPACE  Director Name  Street Address  City  Director Name  Street Address   | RI RI ES BEFORE USING ATTAG                                | 02809<br>CHMENTS                        |
| Bristol  NAMES AND ADDRESS  ctor Name  None  ctor Name  ctor Name  st Address  SHARES AUTHORIZED  HORIZED SHARES | RI  ES OF THE DIRE  State  State  (*X* BOX FOR ATTAC | CTORS (*X* BOX FOR ATT)           | City Bristol  CHMENT) CFILL IN SPACE  Director Name  Street Address  City  Director Name  Street Address   | RI ES BEFORE USING ATTAC                                   | 02809<br>CHMENTS                        |
| Bristol NAMES AND ADDRESS retor Name None et Address  SHARES AUTHORIZED HORIZED SHARES wher of Shares            | RI ES OF THE DIRE                                    | CTORS (*X* BOX FOR ATT)           | City Bristol CHMENT) (FILL IN SPACE Director Name  Street Address  City  Director Name  Street Address  City  11. SHARES ISSUED (**)                             | RI ES BEFORE USING ATTAC                                   | 02809<br>CHMENTS                        |
| Bristol NAMES AND ADDRESS retor Name None et Address  SHARES AUTHORIZED HORIZED SHARES wher of Shares            | RI  ES OF THE DIRE  State  State  (*X* BOX FOR ATTAC | CTORS (*X* BOX FOR ATT)           | City Bristol CHMENT) (FILL IN SPACE Director Name  Street Address  City  Director Name  Street Address  City  11. SHARES ISSUED ( ISSUED SHARES Number of Shares | State RI ES BEFORE USING ATTAC  State  State  Class/Sertes | D 2 8 0 9  CHMENTS  Zip  Zip  Par Value |
| Bristol NAMES AND ADDRESS ector Name None et Address   | RI  ES OF THE DIRE  State  State  (*X* BOX FOR ATTAC | CTORS (*X* BOX FOR ATT)           | City Bristol CHMENT) (FILL IN SPACE Director Name  Street Address  City  Director Name  Street Address  City  11. SHARES ISSUED (-                               | State RI ES BEFORE USING ATTAC  State  State  State        | 02809<br>CHMENTS                        |
| Bristol  NAMES AND ADDRESS ector Name  None et Address  SHARES AUTHORIZED HORIZED SHARES abor of Shares          | RI  ES OF THE DIRE  State  State  (*X* BOX FOR ATTAC | CTORS (*X* BOX FOR ATT)           | City Bristol CHMENT) (FILL IN SPACE Director Name  Street Address  City  Director Name  Street Address  City  11. SHARES ISSUED ( ISSUED SHARES Number of Shares | State RI ES BEFORE USING ATTAC  State  State  Class/Sertes | D 2 8 0 9  CHMENTS  Zip  Zip  Par Value |

|               | *11394*           |
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| File Date:    | 12802             |
| 7 HE 1701E    | 5(12)             |
| Check No.:    | 130100            |
| Ву:           | CME_              |
| 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.

Second Phomano 1/2
Signature of Officer Date

Gerald P. Romano

Print or Type Name of Officer
President

Title of Officer

- ---

(FORM MUST BE TYPED IN BLACK)

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

| I. Corporate ID Na.<br>11394   | 2. Name of Corporation S1Lver Cre | ,<br>ek Manor, Inc.                          |  |  |                         |
|--|-----------------------------------|--|--|--|-------------------------|
| 3. Street Address Principal Busine   |                                   |  | City   | State                                      | Zip                     |
| 7 Creek L  |                                   | S. State of Incorporation                    | Bristol  | RI   | 02809                   |
| (401) 253-300  |                                   | RHODE ISLAND                                 |  |  | 9472                    |
| 7. Brief Description of the Charac   |                                   |  |  |  |                         |
| to operate   | a nursing ho                      | me   |  |  |                         |
| 8. NAMES AND ADDRE President Name  |                                   | ERS (*X* BOX FOR ATTACH                      | MENT) FILL IN SPACES E Vice President Name         | BEFORE USING ATTACH                        | IMENTS                  |
| Gerald P. Ros  | mano                              |  | Patricia .   | M. Romano                                  |                         |
| 24 Charlotte   | Drive .                           |  | · 24 Charle  | AAa Duis                                   |                         |
| City   | State                             | Zip  | City 24 Charlo                                     | tte Drive<br>State                         | Zip                     |
| Bristol<br>Secretary Name  | RI                                | 02809  | Bristol<br>Treasurer Name                          | RI   | 02809                   |
| Patricia M. ]  | Romano                            | •  | Gerald P.  | Romano                                     |                         |
| 24 Charlotte   | Drive                             |  |  |  |                         |
| City   | State                             | . Zip  | City 24Charlo                                      | tte.Drive                                  |                         |
| Bristol  | RI                                | 02809  | Bristol  | RI   | Zip                     |
| 9. NAMES AND ADDRE   | SSES OF THE DIREC                 | TORS ("X" BOX FOR ATTAC                      | HMENT) FILL IN SPACES Director Name Street Rappels | BEFORE USING ATTAC                         | 02809                   |
| City   | State                             | Zip  | City   | State                                      | Zip                     |
| and the second of the second o |                                   | ,<br>,<br>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  | ł.,  | ,                       |
| Director Name  | •                                 |  | : Director Name                                    | • •••• •••••• • • • • • • • • • • • • •    |                         |
| Street Address   |                                   |  | . Street Address                                   | ·<br>• · • • · • · · · · · · · · · · · · · | • •                     |
| City   | State                             | Zip  | City   | State                                      | Zip                     |
| 10. SHARES AUTHORIZE<br>AUTHORIZED SHARES  | ED ("X" BOX FOR ATTACH            | IMENT)                                       | 11. SHARES ISSUED (*X                              | BOX FOR ATTACHMENT)                        |                         |
| Number of Shares   | Class/Series                      | Par Value                                    | Number of Shares                                   | Class/Series                               | Par Value               |
| 2,000 SHS NO PAI   | R VAL                             |  |  |  |                         |
|  |                                   | -,   | 100  | Common                                     | No Par                  |
|  | •                                 |  |  |  | :                       |
| his report must be sign  | ed in ink by either               | the President, Vice Pr                       | esident, Secretary, Assist                         | ant Secretary, Treasure                    | er, Receiver or Trustee |

| . 1,              | * 1 1 3 9 4 *     |
|-------------------|-------------------|
|                   | 1/22/2001         |
| File Date:        | 15521             |
| Check No.;<br>By: | - 183             |
| 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.  $\frac{\pi}{\xi}$ 

| Levald Phomano       | 1-15-01 |  |
|----------------------|---------|--|
| Signature of Officer | Date &  |  |
| Gerald P. Romano     | \$      |  |

Print or Type Name of Officer

President

Title of Officer



James R. Langevin, Secretory of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000



| riting Perioa; Janu  | ary 1-March 1 •                       | Filing Fee: \$50.00                    |   |                         | INSTRUCTI                           |
|--|---------------------------------------|--|---|-------------------------|-------------------------------------|
| (FORM MUST BE TYPED IN                                       | BLACK)                                |  |   |                         |                                     |
| 1. Cotporate ID No. +  | 2. Name of Corpora Silver Cr          | eek Manor, Inc.                        |   |                         | <u> </u>                            |
| 3. Street Address Principal Busi                             | •                                     |  | S. F. 18  | •                       |                                     |
|  |                                       |  | City  | State                   | Zip                                 |
| Seven Creek 4. Business Phane No.                            |                                       | S. State of Incorporation RHODE ISLAND | Bristol   | RI                      | 02809<br>6. sic code<br><b>9472</b> |
| (401) 253-3<br>7. Brief Description of the Char              | 3000<br>acter of Business Conducted i |  |   |                         | 7412                                |
| to coperate a<br>8. NAMES AND ADDE<br>President Name         | nursing hom<br>RESSES OF THE OFFI     | ICERS ("X" BOX FOR ATTACH              | MENT) FILL IN SPACES B Vice President Name                    | EFORE USING ATTAC       | CHMENTS                             |
| Gerald P. Street Address                                     | Romano                                |  | Patricia M<br>Street Address                                  | . Romano                |                                     |
| 24 Charlot   | te Drive                              | Zip                                    | 24 Charlot  | te Drive                | Zip                                 |
| Bristol<br>Secretary Name                                    | RI                                    | 02809                                  | Bristol<br>Treasurer Name                                     | RI                      | 02809                               |
| Patricia M<br>Street Address                                 | 1. Romano                             |  | Gerald P. Street Address                                      | Romano                  |                                     |
| 24 Charlot   |                                       |  | 24 Charlot  | te Drive                |                                     |
| City   | State                                 | Zip                                    | City  | State                   | Zip                                 |
| Bristol  9. NAMES AND ADDE Director Name None Street Address | RI<br>RESSES OF THE DIRE              | 02809<br>CTORS (*X* BOX FOR ATTAC      | Bristol CHMENT) FILL IN SPACES Director Name : Street Address | RI<br>BEFORE USING ATTA | 02809<br>ACHMENTS                   |
| City   | State                                 | Zip                                    | City  | State                   | Zip                                 |
| Director Name  |                                       |  | Director Name   |                         | •                                   |
| Street Address   |                                       |  | Street Address  |                         |                                     |
| City   | State                                 | Zip                                    | City  | State                   | Zip                                 |
| 10. SHARES AUTHORI<br>AUTHORIZZD SHARES                      | ZED ("X" BOX FOR ATTA                 | ICHMENT) + +                           | 11. SHARES ISSUED (*X   | * BOX FOR ATTACHMENT    | ·) ·                                |
| Number of Shares   | Class/Series                          | Par Value                              | Number of Shares  | Class/Series            | Par Value                           |
| 2,000 SHS NO P   | AR VAL                                | ·                                      | 100   | Common                  | No Par                              |
|  |                                       |  |   |                         |                                     |

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



**FILED** 

IJAN 21 ZUOO

Ву:\_\_\_\_

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.

Levald PRomano
Signature of Officer

re of Officer Date

Gerald P. Romano

Print or Type Name of Officer
President

Title of Officer





FOR SECRETARY OF STATE USE ONLY

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

STOP PILAW RL W INSTRUCTIONS

| (FORM MUST BE TYPED IN BL           |   | Filing Fee: \$50.00       |                             |                           | INSTRUCTIONS              |
|-------------------------------------|---|---------------------------|-----------------------------|---------------------------|---------------------------|
| 1. Corporate ID No. 11394           | 2. Name of Cripo<br>Silver Cre          | ek Manor, Inc.            |                             | <del></del>               |                           |
| 3. Street Address Principal Busines | ss Office                               | <del></del>               | City                        | State                     | Zip                       |
| Seven_Creel                         | k Lane                                  |                           | Bristol                     | RI                        | 02809                     |
| 4. Business Phone No.               | • —- •                                  | S. HHODE ISLAN            | ۸D                          | <del></del>               | 6. SIC Code               |
| $\underline{}$ (401) 253-300        | 00                                      |                           | <del></del>                 |                           | 9472                      |
| 7. Brief Description of the Charact |   |                           |                             |                           | <u></u>                   |
| to operate                          | e a nursino                             | j home                    |                             |                           |                           |
| President Name                      | SSES OF THE OFF                         | FICERS ("X" BOX FOR ATTAC | CHMENT) FILL IN SPACES      | BEFORE USING ATTAC        | HMENTS                    |
| Gerald P. Roma                      | 3.00                                    |                           | Vice President Name         | D                         |                           |
| Street Address                      |   | <del></del>               | Patricia M                  | . Romano                  | ·                         |
| 24 Charlotte I                      | Orive                                   |                           | 24 Charlot                  | to Dui-                   |                           |
| City                                | State                                   | Zip                       | : City                      | State                     | Zip                       |
| Bristol:                            | RI                                      | 02809                     | Bristôl                     | RI                        | 02809                     |
| Secretary Name                      | ····                                    |                           | Teasurer Name               |                           |                           |
| Patricia M. Ro                      | omano                                   |                           | Gerald P.                   | Romano                    | •                         |
| Street Address                      |   |                           | Street Address              |                           | ·                         |
| 24 Charlotte I                      | Drive                                   |                           | 244Charlot                  | te Drive                  |                           |
| City.                               | State                                   | Zip                       | City                        | State                     | Zip                       |
| Bristol                             | RI                                      | 02809                     | Bristol                     | RI                        | 02809                     |
| 9. NAMES AND ADDRES                 | SSES OF THE DIR                         | ECTORS ("X" BOX FOR ATT   | ACHMENT)   FILL IN SPACE    | S BEFORE USING ATTA       | CHMENTS                   |
| None                                |   |                           | Director Name               |                           |                           |
| Street Address                      | <del></del>                             |                           |                             |                           |                           |
|                                     |   |                           | Street Address              |                           | <u> </u>                  |
| City                                | State                                   | Zip                       | City                        |                           |                           |
|                                     |   | -7                        | J.,                         | State                     | Zip                       |
| Director Name                       | • |                           | Director Name               |                           |                           |
|                                     |   |                           |                             | •                         |                           |
| Street Address                      |   |                           | Street Address              |                           |                           |
|                                     |   |                           | :                           |                           | 4                         |
| City                                | State                                   | Zip                       | City                        | State                     | Zip                       |
| 10 6114 5116 - 115 - 115 - 115      |   |                           |                             |                           |                           |
| 10. SHARES AUTHORIZE                | D (*X* BOX FOR ATT                      | ACHMENT)                  | 11. SHARES ISSUED (*)       | (* BOX FOR ATTACHMENT)    |                           |
| AUTHORIZED SHARES Number of Shares  | Ct to t                                 |                           | ISSUED SHARES               |                           |                           |
| <del></del>                         | Class/Serles                            | Par Value                 | Number of Shares            | Class/Series              | Par Value                 |
| · 2,000 SHS NO PAR                  | VAL                                     |                           | 100                         | Common                    | 200                       |
|                                     |   |                           | 100                         | Common                    | no par                    |
| · ;                                 |   |                           |                             |                           |                           |
| hie ranget must be                  |   |                           |                             | <u>.</u>                  |                           |
| nis report must be sign             | ed in ink by eitl                       | her the President, Vice   | President, Secretary, Assis | tant Secretary, Treasu    | rer, Receiver or Trustee  |
|                                     | I 11881 IIBBO 11118 IBBI I              | 11S1 18E1                 |                             |                           | . •                       |
|                                     |   |                           |                             |                           |                           |
|                                     | i înani înanê îsilê Înilê Î             |                           |                             |                           |                           |
|                                     | 9 3 (ד, ד                               | *                         | Under penalty of peri       | ury, I declare and affirm | that I have examined ? or |
|                                     |   | 66. 11                    | I Ch Ithis reportaincluding | any accompanying sche     | dules and statements, and |
| File Date: 1 1/-1-19                | -99                                     | OUT III                   | I that all statements co    | ntained herein are true a | and correct.              |

OBAIBORERAND P. ROMAND
Print or Type Name of Officer

PRIESIDENT
Title of Officer

All Sir J. Line DING



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 II<br>Carparate ID No.    | N BLACK)  2. Name of Corpora    | tion — — — — —                          |  |                                       |             |
|--|---------------------------------|---|--|---------------------------------------|-------------|
| 11394  | Silver Cree                     | k Manor, Inc.                           |  |                                       |             |
| Street Address Principal Bu                  | siness Office                   | ,                                       | City   | State                                 | Zip"        |
| Seven Cree                                   | ex_Lane                         | - 5. State of Incorporation             | Bristol  | RI                                    | 02809       |
| (401) 252                                    | -3000                           | •                                       |  |                                       | 6. SIC Code |
| Brief Description of the Che                 | gracter of Business Conducted ( | RHODE ISLAN                             | D  |                                       | 9472        |
| to operate                                   | e a nursing h                   | ome                                     |  |                                       |             |
| NAMES AND ADD                                | RESSES OF THE OFF               | ICERS ("X" BOX FOR ATTAC                | HMENT)   | <del></del>                           |             |
| sident Name                                  | _                               | • | Vice President Name  |                                       | ···         |
| Gerald P.                                    | Romano                          |   | Patricia M.  | Romano                                |             |
| eet Address                                  | uka Duiwa                       |   | Street Address   | - Duine                               |             |
| 24 Charlo                                    | State                           | Zip                                     | 24 Charlott  |                                       |             |
| Bristol                                      | RI                              | 1 02809                                 | Bristol  | State RI                              | 02809       |
| etary Name                                   |                                 |   | Treasurer Name   |                                       |             |
| Patricia 1                                   | 1. Romano                       |   | Gerald P. I  | Romano                                |             |
| eet Address                                  | · · · · · · · · ·               |   | : Street Address   |                                       |             |
| 24 Charlo                                    | tte Drive                       |   | 24 Charlott  | te Drive                              |             |
| ,  | State                           | Zip                                     | City   | State                                 | Zip         |
| Bristol                                      | RI                              | 02809                                   | Bristol  | RI                                    | 02809       |
| NAMES AND ADD                                | RESSES OF THE DIRI              | ECTORS ("X" BOX FOR ATT                 |  | · · · · · · · · · · · · · · · · · · · |             |
| None   |                                 |   | Director Name  |                                       |             |
| eet Address                                  | <del></del>                     |   | Street Address   | <del></del>                           | ·           |
|  |                                 | -                                       | •  |                                       |             |
| y  | State                           | Zip                                     | City   | State                                 | Zip         |
|  | 1                               | I                                       | 1  |                                       | 1 '         |
|  |                                 | 1                                       | •  |                                       | -           |
| ector Name                                   |                                 |   | Director Name  |                                       |             |
| ector Name                                   |                                 |   | Director Name  |                                       |             |
| ector Name                                   |                                 |   | Director Name Street Address   |                                       |             |
| et Address                                   |                                 |   | Street Address   |                                       |             |
| eet Address                                  | State                           | Zip                                     |  | State                                 | Zip         |
| ret Address<br>Y                             |                                 |   | Street Address City  |                                       | 1           |
| eet Address  Y  SHARES AUTHOR                | State  STATE  STATE             |   | Street Address  City  11. SHARES ISSUED 7                                  | State State X* BOX FOR ATTACHMENT)    | 1           |
| SHARES AUTHOR                                |                                 |   | Street Address City  |                                       |             |
| SHARES AUTHOR                                | RIZED ("X" BOX FOR ATT.         | ACHMENT)                                | Street Address  City  11. SHARES ISSUED 7  ISSUED SHARES  Number of Shares | *X* BOX FOR ATTACHMENT)  Class/Series | Par Value   |
| ret Address<br>Y                             | Class/Series                    | ACHMENT)                                | Street Address  City  11." SHARES ISSUED 7                                 | X BOX FOR ATTACHMENT)                 |             |
| SHARES AUTHOR THORIZED SHARES mber of Shares | Class/Series                    | ACHMENT)                                | Street Address  City  11. SHARES ISSUED 7  ISSUED SHARES  Number of Shares | *X* BOX FOR ATTACHMENT)  Class/Series | Par Value   |

| File Date: 3.098                     |
|--------------------------------------|
| 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.

Herald PRomano 1/30/98
Signature of Officer Date

Gerald P. Romano

Print or Type Name of Officer

President

Title of Officer



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

## PROFIT CORPORATION ANNUAL REPORT 1997

| (FORM MUST BE TYPED IN B                        | U ACKI                               |   |                               |               | BUTOR                                 |
|---|--------------------------------------|---|-------------------------------|---------------|---------------------------------------|
| 1. Corporate ID No.<br>11394                    | 2. Name of Corpo                     |   |                               |               | ONLITE<br>CONTRE                      |
| 3. Street Address Principal Busine              | JIIVET CTE                           | ek Manor, Inc.                          |                               |               |                                       |
| 7 Creek Lane                                    | ess office                           |   | City                          | State         | Zip                                   |
| . Business Phone No.                            |                                      | 5. State of Incorporation               | Bristol                       | RI            | 02809                                 |
| (401) 253-30                                    |                                      | RHODE ISLAN                             | ID                            |               | 6. SIC Code<br><b>9472</b>            |
| Brief Description of the Charac<br>to operate a | ter of Business Conducted nursing he | i in Rhode Island<br>OME                |                               |               | 3472                                  |
| . NAMES AND ADDRE                               | ESSES OF THE OF                      | FICERS (*x* box for attac               | CHMENT)                       |               |                                       |
| Gerald P. Rom                                   | ano                                  |   | Vice President Name           |               |                                       |
| reet Address                                    | ano                                  |   | Patricia M                    | 1. Romano     |                                       |
| 24 Charlotte                                    | Drive                                |   | Street Address                |               |                                       |
| lty   | State                                | 710                                     | 24 Charlot                    | tte Drive     |                                       |
| Bristol   | RI                                   | 21p<br>02809                            | Bristol                       | State         | Zip                                   |
| cretary Name                                    |                                      | • |                               | RI            | 02809                                 |
| Patricia M. Ro                                  | omano                                |   | ; Treasurer Name<br>Gerald P. | Romano        |                                       |
| reet Address                                    |                                      |   | Street Address                | Nomano        |                                       |
| 24 Charlotte I                                  | Drive                                |   | 24 Charlot                    | te Drive      |                                       |
| ty  | State                                | Zip                                     | City                          | State         | Zip                                   |
| Bristol   | RI                                   | 02809                                   | Bristol                       | RI            | 02809                                 |
| . NAMES AND ADDRE<br>frector Name<br>None       | SSES OF THE DIR                      | ECTORS (*X* BOX FOR ATT                 | ACHMENT) Director Name        |               | · · · · · · · · · · · · · · · · · · · |
| reet Address                                    | •                                    |   | Street Address                |               | •                                     |
| ity   | State                                | Zip                                     | City                          | State         | Zip                                   |
| rector Name                                     |                                      |   | Director Name                 |               | • •••••••••                           |
| reet Address                                    |                                      |   | Street Address                |               |                                       |
| •   |                                      | -• •                                    |                               |               |                                       |
| ty.   | State                                | T Zip                                   | City                          | State         | Zip                                   |
| Suapre infrarence                               |                                      | رين يا در مياند                         |                               | <b>!</b><br>• | '                                     |
| O SHAKES AUTHORIZE                              | ED AND ISSUED                        | "X" BOX FOR ATTACHMENT)                 |                               |               |                                       |
| THORIZED SHARES  mber of Shares                 | <b>5.</b>                            |   | ESTUED SHARES                 |               |                                       |
|   | Class/Series                         | Par Value                               | Number of Shares              | Class/Series  | Par Value                             |
| 2,000 SHS NO PAR 1                              | VAL                                  |   | 100                           | common        | no par                                |
|   |                                      | ·                                       | <b>?</b>                      | † • — •       | +                                     |
|   |                                      |   |                               |               |                                       |

|               | * 1 1 3 9 4 *     |
|---------------|-------------------|
|               | 1-1-              |
| File Date:    | 131191            |
| Check No.:    | 13264             |
| Ву:           | u                 |
| 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

Gerald P. Romano

Print or Type Name of Officer
President

Title of Officer

### **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

| 1. CORPORATE IO NO.                  | 2. NAME OF CORPORATION                            |                          | PRINT IN BLACK INC      |  | <del></del>   |  |
|--------------------------------------|---|--------------------------|-------------------------|--|---|--|
| 0011394                              |   | Silver Cr                | eek Manor, Inc.         | and the second of the second o | ران المالية ا |  |
| 3. STREET ADDRESS PRINCIPAL BUSINES  | ss office   |                          | an                      | ISTATE   |   |  |
| 7 Creek Lane                         | e di La Salahan                                   |                          | Bristo                  | RT   | #14 10 2 8 NO 4 10 10 10 10 10 10 10 10 10 10 10 10 10  |  |
| 4. BUSINESS PHONE NO.                |   | 3 STATE OF ENCORPORATION |                         |  | 16.5cc001   |  |
| (401) 253-30                         |   |                          | Rhode Island            |  | 8. SC 0002  |  |
| 7. BRIEF DESCRIPTION OF THE GHARACTE |   |                          |                         |  | 9472  |  |
|                                      | a nursing ho                                      |                          |                         |  |   |  |
| ·                                    |   |                          |                         |  |   |  |
| PRESIDENT HAVE                       | 8. NA   | MES AND ADDE             | ESSES OF THE OF         | FICERS   | _   |  |
| GERALD P. ROMANO                     |   |                          | PATRICIA M              | . ROMANO   |   |  |
| STREET ADDRESS 24 CHAP               | OT OMME DOTTE                                     |                          | •                       |  |   |  |
| 7                                    |   |                          | STREET APPRESS CHARLOT! | re Drive   |   |  |
| BRISTOL                              | STATE RI  | 02809                    | DD TOMOT                | STATE RI   | ZIP COOE  |  |
| SECRETARY NAME                       | 11.1  | 02009                    | BRISTOL                 | RI   | 02809   |  |
| PATRICIA                             | M. ROMANO   |                          | GERALD P. RO            | )MANO  | <u>.i</u>   |  |
| <b>i</b>                             |   | ····                     | •                       |  |   |  |
| 24 CHARL                             | STREET ADDRESS 4 CHARLOTTE DRIVE                  |                          |                         | 24 CHARLOTTE DRIVE   |   |  |
| ON TOWAY                             | STATE   | 02809                    | <b>:</b>                |  | (7)g (N)8   |  |
| BRISTOL                              | RI  | 02809                    | BRISTOL                 | STATE RI   | <sup>21-000</sup> 02809   |  |
| DIRECTOR NAME                        | 9 . N A   | MES AND ADDR             | ESSES OF THE DI         | RECTORS  |   |  |
| SURECTOR NAME                        | NONE  |                          | DIRECTOR NAME           |  | <u> </u>  |  |
| STREET ADDRESS                       |   |                          |                         |  |   |  |
|                                      |   |                          | STREET ADORESS          |  |   |  |
| GTY -                                | STATE   | ZIP CODE                 | - tany                  | I STATE  | ZIP C00%  |  |
|                                      |   |                          | l l                     | June   | Drain.  |  |
| DIRECTOR HAME                        | <del>P (                                   </del> |                          | ORECTOR NAME            |  |   |  |
| STREET ADDRESS                       |   |                          |                         |  |   |  |
| STREET ADDRESS                       |   |                          | STREET ADDRESS          | <del></del>  |   |  |
| city                                 | STATE   | ZIP CODE                 | OTY                     |  |   |  |
|                                      |   |                          | QIV                     | STATE  | ZIP C006  |  |
| 14                                   | 1 0 . S H   |                          |                         |  |   |  |
|                                      | AUTHORIZED SHARES                                 | ARES AUTHOR              | IZEO AND ISSUED         |  |   |  |
| MUMBER OF SHARES                     | CLASS / SERIES                                    | PAR VALUE                | MUMBER OF SHARES        | ISSUED SHARES  CLASS / SERES   | OAD MALLET  |  |
| 2000                                 | Common  | No P                     |                         |  | PAR VALUE   |  |
|                                      | CORRIGIT  | No Par                   | 100                     | Common   | No Par  |  |
|                                      |   |                          |                         |  |   |  |
| <del></del>                          | <del></del>                                       |                          |                         | <del> </del>   | <u> </u>  |  |
|                                      |   |                          |                         |  |   |  |
|                                      |   |                          | <del> </del>            | <u> </u>   | <u> </u>  |  |

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:

Check No:

Ву: For Secretary of State Use Only

Gerald P. Romano

Print or Type Name of Officer

President

2/28/96

Title of Officer

Signature of Officer

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

ANNUAL REPORT

Please Type or Print File Annually - Jan 1 - March 1

Filing Fee \$50.00 Make Checks Payable to: Secretary of State

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

| Corporate ID:             | 0011394                                    | Annual Report fo   | or the year:                    | 1995                   |
|---------------------------|--|--|---------------------------------|------------------------|
| Name of Corporation       | Silver                                     |  | <del>-</del>                    |                        |
| Commess entity organiza   | ed under the laws of the State of : R      | T Projecto Estituta  | (ab a ali a a l                 |                        |
| For foreign entity, addre | ss and telephone number of Principal Of    | _ <del></del>  |                                 |                        |
|                           |  |  | poration (See RIGL Chapter 7-   | 1.1)                   |
|                           |  | [ ] Floiessional   | Service Corporation (See RIGL   | Chapter 7-5.1)         |
|                           |  | Brief statement of   | the character of business condi | ustad in Ohada Jalandi |
| Phone: (                  |  | to onera   | ate a nursing h                 | OMA                    |
| Address and telephone     | number of the principal office of business | entity in  |                                 | <u>ome</u>             |
| Rhode Island (Provide s   | treet address - Not P.O. Box):             |  |                                 |                        |
| <u>7 Creek</u>            |  |  |                                 | EN ED                  |
| Bristol                   | RI 02809                                   |  |                                 |                        |
|                           |  |  |                                 | MAD () 1 1995 A        |
| Phone: (401 )             | 253-3000                                   |  |                                 | 10/00/1                |
| <del>-</del>              |  |  |                                 | MOTHER TO              |
| PRESIDENT                 | THE  | NAMES OF THE OFFI  | CERS ARE:                       | 11(110)                |
|                           |  | STREET ADORESS   | CITY/STATE                      | ZIP CODE               |
| <u>Gerald P.</u>          | Romano                                     | 24 Charlotte Drive   | Brickol DI                      |                        |
| VICE PRESIDENT            |  | STREET ADDRESS   | CITY/STATE                      | <u> </u>               |
| <u>Patricia I</u>         | 1. Romano                                  | 24 Charlotto Drive   |                                 | ZIP CODE               |
| SECRETARY                 |  | 24 Charlotte Drive,<br>STREET ADDRESS  | BIISTOL RI<br>CITY/STATE        | <u> </u>               |
| Patricia N                | 1. Romano                                  | - · · · · <del></del>  |                                 | ZIP CODE               |
| TREASURER                 | 11 NOMOTIO                                 | 24 Charlotte Drive,<br>STREET ADDRESS  |                                 | 02809                  |
| Gerald P.                 | Pomano                                     |  | CITYISTATE                      | ZIP CODE               |
|                           |  | 24 Charlotte Drive,  | <u>Bristol, RI</u>              | 02809                  |
| NAME                      | THE  | NAMES OF THE DIREC   | CTORS ARE:                      |                        |
| NON                       | a  | STREET ADDRESS   | CITY/STATE                      | ZIP CODE               |
| NAME NAME                 | <u>-</u>                                   |  |                                 |                        |
| -<br>-                    |  | STREET ADDRESS   | CITY/STATE                      | ZIP CODE               |
| NAME                      |  |  |                                 |                        |
|                           |  | STREET ADDRESS   | CITY/STATE                      | ZIP CODE               |
|                           |  |  |                                 |                        |
| NUMBER OF SHARE           | S AUTHORIZED (Rider may be attache         | NUMBER OF SHA  | ARES ISSUED AND OUTST           | ANDING Miles           |
| Number of Shares          | Class/Series                               | Number of Shares   | Class/Se                        |                        |
|                           |  |  | Cidaayaq                        | 1 <b>(C)</b>           |
| 2000                      | Common/no par                              | 100  |                                 |                        |
|                           | orange, no par                             | 100  | Common/no                       | par                    |
|                           |  |  |                                 |                        |
| <del></del>               |  |  |                                 | •                      |
| <b>a</b> .                |  |  | 11                              |                        |
| Date3 - /_                |  | By: Levald   | PP                              |                        |
|                           |  | of the state of th | 1 Domano                        | <del></del>            |
|                           |  | GeRALD F   | KONDNO                          |                        |
|                           |  | PRINT OR TYPE NAME OF OFFI   | CER SIGNING                     |                        |
|                           |  | TITLE OF OFFICER SIGNING   | <del>-</del>                    | <del></del>            |
|                           |  |  |                                 |                        |
| 2540541055                | DESIGNATED REG                             | ISTERED AGENT FOR  | SERVICE OR PROC                 | ESS:                   |

PLEASE NOTE: If the registered office and/or registered agent. Indicated below is incorrect, Form 9 must be filed.

NORMAN JAY BOLOTOW 189 CANAL STREET PROVIDENCE, RI 02903

File Annually LLC: Sept. 1 - Nov. 1 CGRP: Jan. 1 - March 1

## 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

| Corporate ID: 0011394   | Annual Report for the year: 1994  |
|---|---|
| Name of Business Entity: Silver Cree  | k Manor, Inc.   |
| Business entity organized under the laws of the State of: R<br>federal Taxpayer Identification Number:<br>For Foreign entity, address and telephone number of principal o | [ ]Professional Service Corporation(See RIGL Chapter 7-5 office: [ ]Limited Liability Company (See RIGL 7-16)    Hame, title and mailing eddress of contact person to who   communications may be directed: |
|   | Norman Jay Bolotow, Attorney 189 Canal Street   |
| Phone: ( )  | Providence, RI 02903  |
| Address and telephone of the principal office of business entit Rhode Island (Provide street address - Not P.O. Box):  7 Creek Lane Bristol, RI 02809                     | Brief statement of the character of business conducted in Ri<br>Island: to operate a nursing home   |
|   |   |
| Phone: (401 ) 253-3000  | Date of Organization: 6-1-78  Date of Qualification to do business in Rhode Island (if foreign entity:)   |
|   | THE OFFICERS ARE:   |
| [] CHIEF EXECUTIVE OFFICER OR DQ PRESIDENT (Check One)  | Street Address City/State Zip C   |
| Gerald P. Romano 24 C   | Charlotte Drive, Bristol, RI 02809 Street Address City/State 21p 0  |
| Patricia M. Romano 24 C   | Charlotte Drive, Bristol, RI 02809 Street Address City/State 21p C  |
| Patricia M. Romano 24  Il CHIEF FINANCIAL OFFICE ON DO TREASURER (Check One)  | Charlotte Drive, Bristol, RI 02809 Street Address City/State Zip C  |
| · · · · · · · · · · · · · · · · · · ·   | Charlotte Drive, Bristol, RI 02809  |
| Neme ARRA DE  | THE DIRECTORS ARE: Street Address City/State Zip C  |
| NONE Name   | Street Address City/State Zip C   |
| Name  | Street Address City/State Zip (   |
| NUMBER OF SHARES AUTHORIZED (If Applicable)   | HUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable  |
| KLAMBER 2000  | NUMBER 100  |
| class Common  | class Common  |
| SERIES  | SERIES  |
| PAR VALUE OR WITHOUT PAR NO par value   | PAR VALUE OR  WITHOUT PAR No par value  |
| Date  | or: Alerald & Komand  |
|   | Print or Type Name of Officer Signing   |
|   | Title of Officer Signing  |
| DESIGNATED REGISTERED OR RE   | ESIDENT AGENT FOR SERVICE OF PROCESS:  ffice end/or registered egent, For 9 or Form LtC 3 must be filed.  |
| NORMAN JAY BOLOTOW  | FILED   |

189 CANAL STREET PROVIDENCE, RI 02903

MAR 17 1994

By AMT#29

1/326

| Corporate ID                            | 0011394       |                                       | A                           | nnual 1 | Report fo            | or the year <u>1993</u>        |
|---|---------------|---------------------------------------|-----------------------------|---------|----------------------|--------------------------------|
| FIRST:                                  | The name o    | f the corpor                          | ation                       | is      |                      |                                |
|   |               | <u>ver Creek Mar</u>                  |                             |         |                      |                                |
|   |               |                                       |                             |         |                      | •                              |
| SECOND:                                 | It is inco    | orporated und                         | der the                     | e laws  | of Rhoo              | le Island.                     |
| MILTOD.                                 | Obawa akasi s | .e                                    | had a f                     |         |                      |                                |
| THIRD: home.                            | Character o   | or business,                          | brier.                      | ly sta  | cea, is <u>t</u>     | o operate a nursing            |
|   |               |                                       |                             |         |                      |                                |
| FOURTH:                                 | If foreign    | n corporation                         | n, add                      | iress c | f its pr             | incipal office                 |
|   |               |                                       |                             |         |                      |                                |
| FIFTH:                                  | Business ac   | ldress in Rho                         | ode Is                      | land _  | 7 Creek I            | ane, Bristol, RI 02809         |
|   |               |                                       |                             |         |                      |                                |
| SIXTH:                                  |               | addresses of                          | its d                       | irecto  | rs and of            | ficers: (Attach                |
| rider if nece                           | essary):      | 0441                                  |                             |         |                      |                                |
| Name                                    |               | <u>Office</u>                         |                             | Addres  | <u>s</u> (include no | umber, street and zip code)    |
|   |               |                                       | -                           |         |                      | <del></del>                    |
|   | ·             | Director                              | •                           |         | ····                 | -                              |
| Gerald P. Ro                            |               | Director                              | •                           | 24 Ch:  | arlotte I            | or., Bristol, RI 02809         |
| Patricia M.                             |               |                                       |                             |         |                      |                                |
| Patricia M.                             | Romano        | _ Secretary                           |                             |         | as above             |                                |
| Gerald P. Ro                            |               |                                       | _                           |         | as above             |                                |
|   |               |                                       |                             |         |                      | •                              |
| SEVENTH                                 | Number of     | f Shares auth                         | norize                      | d:      |                      |                                |
|   |               | •                                     |                             |         |                      | Par Value<br>or statement that |
|   |               |                                       |                             |         | _                    | shares are without             |
| No. of Shares                           | 1             | Class                                 | Se                          | eries L | AID                  | par value                      |
| 2,000                                   | (             | Common                                |                             |         |                      | no par value                   |
| •                                       |               |                                       |                             | MAR     | 0 4 1993             | •                              |
|   |               |                                       |                             |         |                      |                                |
| *************************************** | 3ª , a        | _,                                    | •                           | SECRE   | TARY OF STATE        |                                |
| EIGHTH:                                 | Number of     | Shares issue                          | ea:::                       |         |                      |                                |
|   |               |                                       |                             |         |                      | Par Value<br>or statement that |
| No6 @b                                  |               |                                       |                             |         |                      | shares are without             |
| No. of Shares                           |               | Class                                 | Se                          | eries   |                      | par value                      |
| 100                                     | (             | Common                                |                             |         |                      | no par value                   |
|   |               |                                       |                             |         |                      |                                |
|   |               |                                       |                             |         |                      |                                |
|   |               |                                       |                             |         |                      |                                |
| Dated /                                 | -<br>=A 19    |                                       |                             | Silver  | Crook Ma             | nor, Inc.                      |
| <i></i>                                 | 74. //        | _, +, 52                              |                             |         | f Corpora            |                                |
|   |               |                                       | •                           | الم     |                      | ,<br>o                         |
| (Report must                            | be signed l   | oy an 1                               | Ву:                         | Leu     | eld PK               | maro                           |
| officer)                                | -             | _                                     |                             | 1       | · / _ L              |                                |
| ·                                       |               | , , , , , , , , , , , , , , , , , , , | ${	t ritle}_{oldsymbol{-}}$ | Tree    | ident                |                                |

| Corporate ID <u>00</u> |   |                             | for the year <u>1992</u>   |  |  |
|------------------------|---|-----------------------------|--|--|--|
| FIRST: The             | e name of the corpora Silver Creek Mand |                             | to the second se |  |  |
| SECOND: It             | : is incorporated unde                  |                             | ode Island.  |  |  |
|                        | _                                       |                             |  |  |  |
| THIRD: Cha             |   | orielly stated, is          | to operate a nursing   |  |  |
| FOURTH: I1             | f foreign corporation                   | , address of its p          | principal office   |  |  |
| FIFTH: Bus             | siness address in Rhoo                  | de Island <u>7 Creek</u>    | Lane, Bristol, RI 02809  |  |  |
| SIXTH: Nam             | mes and addresses of i                  | its directors and           | officers: (Attach  |  |  |
| Name                   | Office                                  | <u>Address</u> (include     | number, street and zip code)   |  |  |
| <del></del>            | Director                                |                             |  |  |  |
| <u> </u>               | Director<br>Director                    | <del>-, , ,</del>           |  |  |  |
| Gerald P. Roman        | no President                            | 24 Charlotte                | Dr., Bristol, RI 02809   |  |  |
|                        | mano Vice Presid                        |                             |  |  |  |
|                        | secretary                               |                             |  |  |  |
| Gerald P. Roman        | no Treasurer                            | <u>same as abov</u>         | <u>e</u>   |  |  |
|                        |   | orized:                     | •  |  |  |
|                        |   |                             | Par Value  |  |  |
|                        |   |                             | or statement that  |  |  |
| No. of Shares          | Class                                   | Series                      | shares are without<br>par value  |  |  |
| 2,000                  | Common                                  |                             | no par value   |  |  |
| ·                      |   | PAID                        |  |  |  |
|                        |   | a: MAR 2 5 1992             |  |  |  |
| EIGHTH: Nu             | umber of Shares issued                  | 1: MAR 2 3 1002             | Par Value  |  |  |
|                        |   | SEC'Y OF STATE              | or statement that  |  |  |
| No. of Shares          | Class                                   | Series                      | shares are without<br>par value  |  |  |
| 100                    | Common                                  |                             | no par value   |  |  |
| .4                     |   |                             |  |  |  |
| Dated MARCH            | <u>80</u> , 19 <u>82</u>                | Silver Creek (Name of Corpo | <u>Manor, Inc.</u><br>ration)  |  |  |
| (Report must be        | signed by an By                         | : Levald f                  | Romano   |  |  |
| officer)               | T                                       | itle President              | -  |  |  |

| Corporate ID          | 0011394                               | Annual Rep                             | ort for the year <u>1991</u>                         |
|-----------------------|---------------------------------------|--|--|
| FIRST:                |                                       |  |  |
|                       | Silver Creek I                        | Manor, Inc.                            |  |
| SECOND:               | It is incorporated                    | under the laws of                      | Rhode Island.  |
| THIRD:                | Character of business                 | s. briefly stated                      | , is to operate a nursing                            |
| home.                 | · · · · · · · · · · · · · · · · · · · |  | ,,   |
| FOURTH:               | If foreign corporat                   | ion, address of                        | its principal office                                 |
| FIFTH:                | Business address in                   | Rhode Island <u>7 C</u>                | reek Lane, Bristol, RI 02809                         |
| SIXTH: rider if nece  |                                       | of its directors                       | and officers: (Attach                                |
| Name                  | Offic                                 | <u>e</u> <u>Address</u> (i             | nclude number, street and zip code)                  |
|                       | Directo                               | r                                      |  |
|                       | Directo:                              | r                                      | <del> </del>   |
| Complet D. De         | Directo                               | <del></del>                            |  |
|                       | mano Presider                         |  | otte Dr., Bristol, RI 02809                          |
| Patricia M.           | Romano Vice Pro                       | esident <u>same as</u>                 |  |
| Gerald P. Ro          | Romano Secreta<br>Dimano Treasuro     | ry <u>same as</u><br>er <u>same as</u> |  |
| SEVENTH:              | Number of Shares a                    | uthorized:                             | Par Value<br>or statement that<br>shares are without |
| No. of Shares         | Class                                 | Series                                 | par value  |
| 2,000                 | Common                                |  | no par value   |
| EIGHTH:               | Number of Shares is:                  | sued:                                  | Par Value or statement that shares are without       |
| No. of Shares         | Class                                 | Series                                 | ner value  |
| 100                   | Common                                | APF                                    | <sup>802</sup> 1991 no par value                     |
|                       |                                       | SECY                                   | OF STATE   |
| Dated MAR             | <u>сн 26</u> , 19 <u>91</u>           |  | eek Manor, Inc.                                      |
| (Report must officer) | be signed by an                       | By: Serale<br>Title Presid             | I PRomano unt  |

#### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

| Corporate ID            | 0011394      | _              | Annual Report fo                                | or the year <u>1990</u>                              |
|-------------------------|--------------|----------------|---|--|
| FIRST:                  |              |                | on is   |  |
| SECOND:                 | It is incor  | porated under  | the laws of Rho                                 | de Island  |
| THIRD:                  | Character of | business, br   | iefly stated, is                                | to operate a nursing                                 |
|                         | If foreign   | corporation,   | address of its pr                               | rincipal office                                      |
| FIFTH:                  | Business add | ress in Rhode  | Island <u>7 Creek</u>                           | Lane, Bristol, RI 02809                              |
| SIXTH:<br>rider if nece |              | dresses of it  | s directors and o                               | fficers: (Attachumber, street and zip code)          |
| <del></del>             |              | Director       |   |  |
|                         |              | Director       |   |  |
|                         | omano        | Director       | 24 Chamlette                                    | Da Brigtol DI 02000                                  |
| Patricia M.             |              |                | nt <u>same as above</u>                         | Dr., Bristol, RI 02809                               |
|                         | Romano       |                | same as above                                   | · · · · · · · · · · · · · · · · · · ·                |
| Gerald P. Ro            |              | Treasurer      | same as above                                   | •  |
| SEVENTH                 | Number of    | Shares author  | ized:   | Par Value<br>or statement that<br>shares are without |
| No. of Shares           | Cli          | 988            | Series  | par value  |
| 2,000                   | Co           | mmon           |   | no par value   |
| EIGHTH:                 | Number of S  | hares issued:  |   | Par Value<br>or statement that<br>shares are without |
| No. of Shares           | Cli          | 198            | SeriePAID                                       | par value  |
| 100                     | Ca           | mmon           | MAR 9 1990                                      | no par value   |
| Dated_Z                 | 127          | , 19 <u>90</u> | SECTY OF STATE  Silver Creek M  (Name of Corpor |  |
| (Report must officer)   | be signed by | an By:         | Auald PK<br>1e President                        | Comano   |

|   | / |
|---|---|
| W |   |

| Corporate ID                          |                | -                 |             |                                     | _  | he year <u>198</u>          |             |
|---------------------------------------|----------------|-------------------|-------------|-------------------------------------|--|-----------------------------|-------------|
| FIRST: The name of the corporation is |                |                   |             |                                     |  |                             |             |
| TIRDI                                 | Silver         | Creek Mano        | or T        | ກຕ                                  | <del></del>  |                             |             |
| 1.010                                 | <u>QIIYC</u>   | . Cleek Mano      | <i>)</i>    |                                     | _  |                             |             |
| SECOND:                               | It is incorp   | orated unde       | er th       | e laws                              | of <u>Rhode Is</u>   | sland                       |             |
|                                       |                |                   |             |                                     |  |                             |             |
|                                       | Character of   | business, b       | rief        | ly stat                             | ed, is <u>to o</u> p   | <u>perate a nurs</u>        | sing        |
| home.                                 |                |                   |             |                                     |  |                             | -           |
| FOURTH:                               | If foreign     | corporation       | , add       | lress o                             | f its princi   | pal office _                |             |
| <del></del>                           |                | · <u>-</u>        |             |                                     |  |                             |             |
| FIFTH:                                | Business addı  | ess in Rhod       | de Is       | land <u>7</u>                       | Creek Lane   | , Bristol, R                | 02809       |
|                                       |                |                   |             |                                     |  |                             |             |
|                                       | Names and add  | iresses of i      | its d       | irector                             | s and office   | ers: (Attach                |             |
| rider if nece<br>Name                 | essary):       | <u>Office</u>     |             | 29arhh&                             | : (Include number  | street and zip co           | de)         |
| <del></del>                           |                |                   |             | KOO! C.S.                           | e (filotade fiamber,   | Street and tip se           |             |
|                                       |                |                   |             |                                     | <del></del>  |                             | <del></del> |
| · · · · · · · · · · · · · · · · · · · | <del></del>    | Director          |             |                                     |  |                             |             |
| Complet D. De                         |                | Director          | •           | 0.4.0}-                             | -1-44- 5-  | Design DT                   | 02000       |
| Gerald P. Romano                      |                |                   |             | 24 Charlotte Dr., Bristol, RI 02809 |  |                             | 02809       |
| Patricia M. Romano Patricia M. Romano |                |                   |             |                                     | •  |                             |             |
|                                       |                | Secretary         | •           | same as above                       |  |                             |             |
| Gerald P. Ro                          | omano          | Treasurer         | •           | same a                              | is above   |                             |             |
| CDUDAMU.                              | Manufactor - 6 | 31                | <b>.</b>    |                                     |  |                             |             |
| SEVENTH:                              | Number of S    | nares autno       | orize       | a:                                  |  |                             |             |
|                                       |                |                   |             |                                     | or s   | Par Value<br>statement that |             |
|                                       |                |                   |             |                                     |  | es are without              |             |
| No. of Shares                         | Cla            | 5 <b>S</b>        | Se          | eries                               |  | par value                   |             |
| 2,000                                 | Cox            | mmon              |             |                                     |  | no par value                |             |
| 2,000                                 | CO             | шиоп              |             |                                     | ļ  | no bar varue                |             |
|                                       |                |                   |             |                                     |  |                             |             |
|                                       |                |                   |             |                                     |  |                             |             |
| EIGHTH:                               | Number of Si   | naros issuos      | <b>.</b>    |                                     |  |                             |             |
| LIGHTH.                               | Mailmer or 21  | iares issued      | 4 •         |                                     |  | Dee Velve                   |             |
|                                       |                |                   |             |                                     | or s   | Par Value<br>statement that |             |
|                                       |                |                   |             |                                     | _  | es are without              |             |
| No. of Shares                         | Cla            | 5 <b>S</b>        | Şe          | eries                               | .00  | par value                   |             |
| 100                                   | Co             | mmon              |             |                                     | " " 1389" 1 1389   | no par value                |             |
| 100                                   | <b>C</b> 0.    |                   |             |                                     | • • •  | no par varac                |             |
|                                       |                |                   |             |                                     | y and state of the |                             |             |
|                                       | ,              |                   |             |                                     |  |                             | •           |
|                                       | 4              |                   |             |                                     |  | •                           |             |
| Dated <u>Ma</u>                       | sch 31         | , 1989            |             | Silver                              | Creek Manor  | Inc                         |             |
| Dateu                                 |                | 1 4-7 <u>8-</u> 1 |             |                                     | Creek Manor<br>Corporation   |                             | <del></del> |
|                                       |                |                   | •           | TOWE OF                             | · corboracio   | •••                         |             |
| (Report must                          | be signed by   | an Bi             | ے: ی        | No. 1.                              | ald PRoma  | mo-                         |             |
| officer)                              | he ardited by  | an by             | <u> - ک</u> | you                                 | May 1 / Windle   | e e = 0.                    | <del></del> |
| OTTION                                | -              | ហៈវ               | itle        | 700                                 | 1.10.4   |                             |             |
|                                       |                | 1.1               | TCTC_       | _/                                  | ecour  |                             |             |

Corporations Division 270 Westminster Mall Providence, Rhode Island 02903 10.70

| Corporate ID <u>11394</u>           | Annu   | al Report for the year                              | 1988   |
|-------------------------------------|--|---|--|
| FIRST: The name                     | of the corporation is                          | SILVER CREEK MANOR, 1                               | INC.   |
| SECOND: It is in                    | corporated under the 1                         | aws of <u>Rhode Island</u>                          |  |
| THIRD: Character                    | of business, briefly                           | stated, is <u>to operate</u>                        | a nursing home                                       |
| FOURTH: If fore!                    | gn corporation, addres                         | s of its principal offic                            | ce N/A   |
| FIFTH: Business                     | address in Rhode Islan                         | d <u>7 Creek Lane, Bris</u> t                       | tol,, RI 02809                                       |
| SIXTH: Names and<br>Name            | addresses of its dire Office Director Director | ctors and officers: (Ati<br>Address (including numb | tach rider if necessary)<br>per, street, zip code)   |
|                                     | Director                                       |   |  |
| Gerald P. Romano Patricia M. Romano | President                                      | 24 Charlotte Drive,                                 | Bristol, RI  |
| Norman Jay Bolotow                  | <del></del>                                    |   | Tower, Prov., RI 02903                               |
| Gerald P. Romano                    | Treasurer                                      | 24 Charlotte Drive,                                 |  |
| SEVENTH: Number                     | of Shares authorized:                          |   | Par Value<br>or statement that<br>shares are without |
| No. of Shares                       | Class  | Series  | par value  |
| 2,000                               | Common   |   | No Par Value   |
|                                     |  | DAID  |  |
| EIGHTH: Number o                    | f Shares issued:                               | PAID<br>MAR u a 1988                                | Par Value  |
| No. of Shares                       | Class  | SECY OF STATE                                       | or statement that shares are without par value       |
| 100                                 | Common   |   | No Par Value   |
| Dated                               | 19   | SILVER CREEK MANOR, 1                               | INC. FEB 26 196                                      |
| (Report must be signe               | d by an officer)                               | By Serald P<br>Title President                      | Romano   |

## 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 11394    | Anni                   | ual Report for the      | year <u>1987</u>   |
|-----------------------|------------------------|-------------------------|--|
| FIRST: The name       | of the corporation is  | SILVER CREEK MA         | NOR INC  |
|                       |                        | OTETEN ONCENTAL         | non, The.  |
| CECOND TO T           |                        |                         |  |
| SECOND: It is in      | ncorporated under the  | laws of <u>Rhode Is</u> | land   |
| THIRD: Character      | of business, briefly   | stated, is to op        | erate a nursing home   |
|                       |                        |                         |  |
| FOUNTIL TO C          |                        | _                       |  |
| roukin: it torei      | gn corporation, addres | ss of its principal     | office N/A   |
|                       |                        |                         |  |
| FIFTH: Business       | address in Rhode Islam | nd 7 Creek Lane.        | Bristol RI 02809   |
|                       |                        |                         |  |
|                       |                        | <del></del>             |  |
| SIXTH: Names and      | laddraeene of ite diwa | natone and afficula     | . (Attach rider if necessary)                                |
| Name Names and        | Office Office          | Address (including      | : (Attach rider if necessary)<br>g number, street, zip code) |
|                       | Director               |                         |  |
|                       | Director<br>Director   |                         |  |
| Gerald P. Romano      | President              | 24 Charlotte D          | rive, Bristol, RI  |
| Patricia M. Romano    |                        | / same                  | ive, bilistor, ki  |
| Norman Jay Bolotow    |                        |                         | Trust Tower, Prov., RI 02903                                 |
| Gerald P. Romano      | Treasurer              | 24 Charlotte Di         | rive, Bristol, RI  |
|                       | ·                      |                         |  |
| SEVENTH: Number       | of Shares authorized:  |                         |  |
|                       |                        |                         | Par Value  |
|                       | <b>√</b>               |                         | or statement that<br>shares are without                      |
| No. of Shares         | Class                  | Series                  | par value  |
| 2 000                 |                        |                         | ·  |
| 2,000                 | Common                 |                         | No Par Value   |
| ETCUTU Alvedo         | E Character 1          |                         |  |
| EIGHTH: Number o      | f Shares issued:       |                         | Par Value  |
|                       |                        |                         | or statement that  |
|                       |                        |                         | shares are without $\Delta$                                  |
| No. of Shares         | Class PAID             | Sertes                  | par value  |
| 100                   | Common MAR 03 1987     |                         | No Par Value   |
|                       |                        | <b>,</b> E              | λ,   |
| Dated Feb 102         | 19 BECY OF STAT        | SILVER CREEK MAN        | OR INC   |
|                       |                        | (Name of Corporati      | on)  |
|                       |                        | N/ a                    | . 00   |
| (Report must be signe | d hy an officer)       | By of ear               | 1 Komano   |
| make of 31416         | a ay an orricer/       | Title Presio            | tent   |

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Corporations Division

Corporations Division 270 Westminster Mall Providence, Rhode Island 02903

| Corporate ID <u>11394</u>             | Annu  | al Report for the year                         | r <u>1986</u>   |
|---------------------------------------|---|--|---|
| FIRST: The name of                    | the corporation is                                      | SILVER CREEK MANOR                             | , INC.  |
|                                       |   |  |   |
| SECOND: It is inco                    | orporated under the 1                                   | laws of <u>Rhode Islan</u>                     | d   |
| THIRD: Character o                    | of business, briefly                                    | stated, is <u>to opera</u>                     | te a <u>nursing</u> home  |
| FOURTH: If foreign                    | n corporation, addres                                   | ss of its principal of                         | fice N/A  |
| FIFTH: Business a                     | ddress in Rhode Islam                                   | nd <u>7 Creek Lane, Br</u>                     | istol,, RI 02809  |
| SIXTH: Names and Name                 | addresses of its dire Office Director Director Director | ectors and officers: (<br>Address (including n | Attach rider if necessary)<br>umber, street, zip code)            |
| Gerald P. Romano                      | President   | 24 Charlotte Driv                              | e, Bristol, RI  |
| Patricia M. Romano Norman Jay Bolotow | V.P./Secretar<br>Asst. Sec.                             | 2300 Hospital Tru                              | st Tower, Prov., RI 02903   |
| Gerald P. Romano                      | Treasurer   | 24 Charlotte Driv                              | e, Bristol, RI  |
| SEVENTH: Number o                     | f Shares authorized:<br>Class                           | Series   | Par Value<br>or statement that<br>shares are without<br>par value |
| 2,000                                 | Common  |  | No Par Value  |
|                                       | 100   | 0.0  | NO  |
| EIGHTH: Number of                     | Shares issued: APR 25                                   | े विद्या                                       | No Par Value (386) Par Value Of Statement that par value          |
| No. of Shares                         | Class   | Series SECY                                    | par value   |
| 100                                   | Common  |  | No Par Value  |
| Dated 3//3/                           | _ 19_&  | SILVER CREEK MANOR<br>(Name of Corporation     | INC.  |
| (Report must be signed                | by an officer)  | By Secold F<br>Title Frederit                  | Romano  |

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 1985

FIRST: The name of the corporation is SILVER CREEK MANOR, INC.

SECOND: It is incorporated under the laws of

Rhode Island

THIRD: Character of business, briefly stated, is to operate a nursing home

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

7 Creek Lane, Bristol, RI 02809 Blank reports to - Adler Pollock & Sheehan, 2300 Hospital Trust Tower, Providence, RI 02903 Attn: Norman Jay Bolotow

Sixth: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name

Office

Address

Director

Director

Director

Gerald P. Romano

President

24 Charlotte Dr., Bristol, RI

Patricia M. Romano

Vice President

Same

Jeremiah W. Romano Secretary Norman Jay Bolotow, Asst.

Gerald P. Romano Treasurer 262 Hope Street, Bristol, RI 2300 Hospital Trust Tower, Prov., RI 24 Charlotte Dr., Bristol, RI

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

Par Value or statement that shares are without par value

2,000

No. of Shares

Class Common

No par value

Eighth: Number of Shares issued:

No. of Shares

Class

Series

Par Value or statement that shares are without par value

100

Common

No par value

Dated: FEBRUARY 20 1985

SILVER CREEK MANOR, INC.

(Name of Corporation)

(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. Plesse contact Corporation Division for information. 277-3040

FORM 31 11-82

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

### State of Rhode Island and Providence Plantations Office of the secretary of state

|                           |  | A   | nnual Report:                         | for the year                                   | 1984                                  |
|---------------------------|--|---|---------------------------------------|--|---------------------------------------|
| First: T                  | he name of the   | corporation is  | SILVER                                | CREEK MANOR                                    | , INC.                                |
| SECOND:                   | It is incorpora  | ted under the   | laws of                               | Rhode Island                                   |                                       |
| THIRD: (                  | Character of bus   | iness, briefly st   | ated, is to                           | operate a nu                                   | rsing home                            |
|                           |  |   |                                       |  | ** * ****                             |
| Fourth:                   | If foreign cor   | poration, addr  | ess of its prin                       | ncipal office                                  | . 10                                  |
|                           | · · · · · · · · · · · · · · · · · · ·                                      | N/A   |                                       |  |                                       |
| 7 Creek<br>address) Blant | Business address Lane, Bristo k Reports- Ad , Providence Names and address | ol, RI 02809<br>dler Polloci<br>, RI 02903<br>esses of its di | Sheehar<br>Attn: Nor<br>rectors and o | a, 2300 Hospi<br>man Jay Bolo<br>ifficers:     | ital Trust                            |
| į                         | (Addresses must l  | nclude street and   | number, if any)                       |  |                                       |
| Na                        | imo  | Office  |                                       | Address  |                                       |
|                           |  | Director  |                                       |  |                                       |
|                           |  | Director  |                                       |  |                                       |
|                           |  | Director  |                                       | · · · · · ·                                    |                                       |
| Gerald P.                 | Romano   | President   | 24 Charlo                             | itte Dr., Bri                                  | istol, RI                             |
| Patricia M                | . Romano   | Vice Presider   | nt                                    | Same   |                                       |
| Norman Jay<br>Gerald P. 1 | . Romano<br>Bolotow, Ass<br>Romano<br>ace Is needed, atta                  | Treasurer   | 2300 Hosp                             | Street, Bris<br>pital Trust T<br>ptte Dr., Bri | Tower, Prov., F                       |
| Seventh:                  | Number of S  | hares authori   | zed:                                  | Pa<br>or stat                                  | r Value<br>tement that                |
| No. of Share              | 25   | Class   | Series                                | shares   | are without<br>r value                |
| 2000                      |  | Common  |                                       | No I   | par value                             |
| Еіднтн:                   | Number of Sh   | ares issued:  |                                       | or star  | r Value<br>tement that<br>are without |
| No. of Shar               | es   | Class   | Series                                | pa   | r value                               |
| 100                       |  | Common  | 2                                     | •  | par value                             |
| Dated:                    | . 1  | 19<br>B   | Her                                   | CREDK MANOR,  poration)  Id PRom               |                                       |
|                           | 371  | Ti  | tle Tre                               | erdent   | <u> </u>                              |
|                           | <u> </u>   |   | (Report mu                            | st be signed by ar                             | n officer)                            |

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

FORM 31 11-82

<u>B</u>

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

### State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

|  |   | A                           | nnual Repor            | t for the year             | 1983  |       |
|--|---|-----------------------------|------------------------|----------------------------|---|-------|
| FIRST:                                   | The name of the   | corporation is              | SILVER                 | CREEK MANOR                | , INC.  |       |
| *** ** * * * **** * **** * **** * * **** |   |                             | •                      |                            |   |       |
| SECOND:                                  | It is incorpora   | ted under the la            | ws of RI               | hode Island                |   |       |
| Third:                                   | Character of bu   | siness, briefly s           | tated, is to           | o operate a                | nursing home                                      |       |
|  |   |                             |                        | *1                         |   |       |
| FOURTH:                                  | : If foreign cor  | poration, addre             | ss of its pri          | ncipal office              | N/A   |       |
|  |   |                             |                        |                            |   |       |
| address)Blan                             | Business addresseek Lane, Brick reports - 12 cr, Providence Names and add | Adler Polloc<br>e, RI 02903 | k & Sheeh<br>Attn: No: | an, 2300 Ho<br>rman Jay Bo | spital Trust                                      |       |
|  | (Addresses mus  | t Include street and        | number, if any)        |                            |   |       |
| ,  | Name  | Office                      |                        | Address                    |   |       |
|  |   | Director                    |                        |                            |   |       |
|  |   | Director                    |                        |                            | T T T MI  |       |
|  |   | Director                    |                        |                            |   |       |
| Gerald P.                                | Romano  | President                   | 24 Char                | lotte Dr.,                 | Bristol, RI                                       |       |
| Patricia A                               | 1. Romano   | Vice Presider               | n <b>t</b>             | Same                       |   |       |
| Norman Jay                               | N. Romano<br>y Bolotow Ass<br>Romano<br>ace is needed, attac              | t. Secretary<br>Treasurer   | 2300 Ho                | spital Trus                | stol, RI<br>st Tower, Prov<br>Bristol, RI         | ., RI |
| SEVENTE                                  | H: Number of S  | Shares authoriz             | ed:                    | o                          | Par Value   |       |
| No. of She                               | Ares  | Class                       | Series                 | sh                         | ares are without<br>par value                     |       |
| 2000                                     |   | Common                      |                        | No                         | par value   |       |
| Еіднтн                                   | : Number of Sh  | ares issued:                |                        |                            | Par Value   |       |
| No. of Shi                               | nres  | Class                       | Scries                 |                            | r statement that<br>ares are without<br>par value |       |
| 100                                      |   | Common                      |                        | . No                       | o par value                                       |       |
|  |   |                             | 1 2                    |                            |   |       |
| Dated: Ja                                | wary 26   | . 19 <b>83</b>              | SILVER C               | 21 00                      |   |       |
|  | 0 (   | 109 <b>3</b>                | y                      | ald Mon                    | nano  |       |
|  | JAN 28  | T                           | itle De                | stolent                    |   |       |
|  |   | & [                         | (Report                | must be signed t           | by an officer)                                    |       |
|  |   |                             | •                      | •1                         |   |       |

If the corporation has changed its registered office and or its registered agent, Form #9 must be filed. Please contact Corporation Disaston for information. 277-3040

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   | J  |                |
|---|--|--|---|--|----------------|
| FIRST:  | The name o   | f the corporation  | is SILVER CREE  | K MANOR, INC.  |                |
| SECOND:   | It is incor  | morated under the  | laws of Rhode   | Island   | v              |
| _   |  | •  |   |  |                |
| THIRD:  | Character o  | or business, briefly   | stated, is to op  | erate a nursi  | ng nome        |
|   |  |  |   |  |                |
| Fourth:   | If foreign   | n corporation, add   | ress of its principa  | al office N/A  | <b>.</b>       |
|   |  |  | · ·   |  |                |
| ddress) Blan<br>Spital Tru  | reek Lane<br>nk report:<br>ust Tower                         | , Bristol, RI<br>s to Adler Pol<br>, Providence,   | sland (blank repor<br>02809<br>lock & Sheehan<br>RI 02903 Attn:<br>directors and office   | Incorporated,  | 2300           |
|   | (Addresse  | s must include street ar   | nd number, if any)  |  |                |
| ;   | Name   | Office   |   | Address  |                |
|   |  | Director   |   | ····   |                |
|   |  | Director   |   |  |                |
|   |  | Director   |   | ·  |                |
| rald P. Ro  | omano  | President  | 24 Charlotte  | e Dr., Bristol   | DТ             |
|   |  |  | - :-::::: # # # # # #   | m  | r d. iskirbini |
|   |  | Vice Presid  |   | ······································   |                |
| remiah W.<br>erman J. Bo<br>erald P. Ro   | Romano<br>olotow Ass   | Secretary<br>st. Secretary<br>Treasurer  | 262 Hope St.<br>2300 Hospita  | ., Bristol, RI<br>al Trust Tower<br>a Dr., Bristol   | Prov.,         |
| remiah W.<br>orman J. Bo<br>rald P. Ro<br>f additional spa  | Romano<br>lotow Ass<br>mano<br>ce is needed,                 | Secretary<br>st. Secretary<br>Treasurer  | 262 Hope St.<br>2300 Hospita<br>24 Charlotte  | ., Bristol, RI al Trust Tower c Dr., Bristol Par Value   | r, Prov.,      |
| eremiah W.<br>Orman J. Bo<br>erald P. Ro<br>f additional spa  | Romano Diotow Assomano Ce is needed, Number                  | Secretary St. Secretary Treasurer attach rider)  | 262 Hope St.<br>2300 Hospita<br>24 Charlotte  | a, Bristol, RI<br>al Trust Tower<br>a Dr., Bristol   | that           |
| remiah W.  orman J. Bo  crald P. Ro  f additional spa  SEVENTH  | Romano Diotow Assomano Ce is needed, Number                  | Secretary St. Secretary Treasurer attach rider) of Shares author   | 262 Hope St.<br>2300 Hospita<br>24 Charlotte<br>ized:   | Par Value or statement shares are wit  | that           |
| eremiah W. Drman J. Bo Erald P. Ro f additional spa  SEVENTH No. of Shan                                    | Romano Diotow Assomano Ce is needed, Number                  | Secretary st. Secretary Treasurer attach rider) of Shares author   | 262 Hope St.<br>2300 Hospita<br>24 Charlotte<br>ized:   | Par Value or statement shares are wit par value  | that           |
| eremiah W. Drman J. Bo Erald P. Ro f additional spa  SEVENTH No. of Shan                                    | Romano Clotow Assomano Ce is needed, Number                  | Secretary st. Secretary Treasurer attach rider) of Shares author   | 262 Hope St.<br>2300 Hospita<br>24 Charlotte<br>ized:   | Par Value  Par Value  Par Value  Par value  Par value  Par value   | that hout      |
| eremiah W. Drman J. Bo Erald P. Ro f additional spa  SEVENTH  No. of Shan 2000                              | Romano Clotow Assomano Ce is needed, Number                  | Secretary st. Secretary Treasurer attach rider) of Shares author Class Common                                  | 262 Hope St.<br>2300 Hospita<br>24 Charlotte<br>ized:   | Par Value or statement shares are with par value No par va   | that hout      |
| eremiah W. Drman J. Bo Erald P. Ro f additional spa  SEVENTH No. of Shan 2000  EIGHTH:                      | Romano Clotow Assomano Ce is needed, Number                  | Secretary st. Secretary Treasurer attach rider) of Shares author Class Common                                  | 262 Hope St.<br>2300 Hospita<br>24 Charlotte<br>ized:<br>Series<br>   | Par Value or statement shares are wit shares are wit par value  Par Value or statement shares are wit par value or statement shares are wit  | that hout      |
| Eremiah W. Drman J. Bo Erald P. Ro f additional spa  SEVENTH  No. of Shan  2000  EIGHTH:  No. of Shan  100  | Romano colotow Assomano co is needed, : Number res  Number o | Secretary st. Secretary Treasurer attach rider) of Shares author Class Common of Shares issued: Class Common   | 262 Hope St.<br>2300 Hospita<br>24 Charlotte<br>ized:<br>Series<br>   | Par Value or statement shares are wit shares are with shar | that hout      |
| Exemiah W. Drman J. Bo Exald P. Ro f additional spa  SEVENTH  No. of Shan  2000  EIGHTH:  No. of Shan  100  | Romano Clotow Assomano Ce is needed, Number                  | Secretary st. Secretary Treasurer attach rider) of Shares author Class Common of Shares issued: Class Common   | 262 Hope St.<br>2300 Hospita<br>24 Charlotte<br>ized:<br>Series<br>   | Par Value or statement shares are wit par value No par value | that hout      |
| Eremiah W. Drman J. Bo Erald P. Ro f additional spa  SEVENTH  No. of Shan  2000  EIGHTH:  No. of Shan  100  | Romano co is needed, Number res  Number o                    | Secretary St. Secretary Treasurer attach rider)  of Shares author Class Common  of Shares issued: Class Common | 262 Hope St. 2300 Hospita 24 Charlotte  ized:  Series   Series  2-  SILVER CREEK  | Par Value or statement shares are wit par value No par value | that hout      |
| remiah W.  orman J. Bo  crald P. Ro  ladditional spa  SEVENTH  No. of Shan  2000  EIGHTH:  No. of Shan  100 | Romano colotow Assomano co is needed, : Number res  Number o | Secretary St. Secretary Treasurer attach rider)  of Shares author Class Common  of Shares issued: Class Common | 262 Hope St. 2300 Hospita 24 Charlotte ized:  Series | Par Value or statement shares are wit par value No par value | that hout      |
| Eremiah W. Drman J. Bo Erald P. Ro f additional spa  SEVENTH  No. of Shan  2000  EIGHTH:  No. of Shan  100  | Romano co is needed, Number res  Number o                    | Secretary St. Secretary Treasurer attach rider)  of Shares author Class Common  of Shares issued: Class Common | 262 Hope St. 2300 Hospita 24 Charlotte ized: Series Series SILVER CREEK (Name of Corporation) By  | Par Value or statement shares are wit par value or statement shares are wit par value or statement shares are wit par value of statement shares are wit par value of the control of the co | that hout      |
| eremiah W. orman J. Bo erald P. Ro if additional spa  SEVENTH  No. of Shan  2000  EIGHTH:  No. of Shan  100 | Romano co is needed, Number res  Number o                    | Secretary St. Secretary Treasurer attach rider)  of Shares author Class Common  of Shares issued: Class Common | 262 Hope St. 2300 Hospita 24 Charlotte ized: Series Series SILVER CREEK (Name of Corporation) By  | Par Value or statement shares are wit par value No par value | that hout      |

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

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

#### ANNUAL REPORT

|   |                            | OF                                    |                                    |  |
|---|----------------------------|---------------------------------------|------------------------------------|--|
| S   | ILVER CR                   | EEK MA                                | NOR, INC.                          |  |
| amended, the undersigned                              | corporation                | ı hereby                              | submits the                        | General Laws, 1956, as following annual report:                    |
| SECOND: It is incorpo                                 | orated und                 | er the la                             | aws of Rhoo                        | le Island  |
| THIRD: The address of 7 Cree                          |                            |                                       |                                    | d isand  |
| and the name of its registere                         | d agent in l               | Rhode Is                              | sland at such ad                   |  |
| FOURTH: If a foreign country under the laws of wh     |                            |                                       |                                    | ncipal office in the state or                                      |
| FIFTH: The character Island, briefly stated, is       |                            |                                       |                                    | ctually engaged in Rhode   |
|   |                            |                                       |                                    |  |
|   |                            | · · · · · · · · · · · · · · · · · · · |                                    |  |
| SIXTH: The names an                                   |                            | e addres                              | ses of its direct                  | ors and officers are:  |
|   | Direct                     | or                                    |                                    | * * * * * * * * * * * * * * * * * * *                              |
|   | Direct                     | tor                                   |                                    |  |
|   | Direct                     | tor                                   |                                    |  |
|   | Direct                     | ør –                                  |                                    |  |
|   | Direct                     | tor                                   |                                    |  |
|   | Direct                     |                                       |                                    |  |
|   | Presid                     | lent                                  |                                    | e Dr., Bristol, RI   |
| Patricia M. Romano                                    |                            | residen                               | Sa Sa                              | ime  |
| Jeremiah W. Romano                                    | Secret                     | ary                                   |                                    | Bristol, RI  |
| Gerald P. Romano                                      | Treas                      | urer                                  | 24 Charlott                        | e Dr., Bristol, RI   |
| SEVENTH: The aggregate by classes, par value of share | ate number<br>8, shares wi | of share<br>thout pa                  | s which it has a<br>rvalue,andseri | uthority to issue, itemized es, if any, within a class, is:        |
| Number of Shares                                      | Class                      | 1 22                                  | Series                             | Par Value per Share or Statement that Shares are without Par Value |
| 2000  | Common                     | 81                                    |                                    | No Par Value   |
|   |                            | 47580141                              |                                    | JAN 21 1981<br>(+)   |
| Farm 31 \$-79   |                            | 5.0¢                                  |                                    |  |

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:

|           |        |   |         |   | Par Valué per Share<br>or Statement that |
|-----------|--------|---|---------|---|--|
| Number of | -      | į |         |   | Shares are without                       |
| Shares    | Class  |   | Series_ |   | Par Value                                |
| 100       | Common |   |         | , | No Par Value                             |

Dated January 19, 1981

SILVER CREEK MANOR, INC.

(NAME OF CORPORATION)

President

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

### State of Chode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

#### ANNUAL REPORT

OF

|                         | SILVER CREEK MA   | NOR, INC.                                       |   |
|-------------------------|---|---|---|
| amended, the undersi    | provisions of Section 7.1. igned corporation hereby ne of the corporation is SI | submits the i                                   | following annual report:                                      |
| Spanne It is            | incorporated under the lav  | Rhode   | Island  |
|                         |   |   |   |
|                         | lress of its registered office i  |   |   |
|                         | Lane, Bristol, Rhode  |   |   |
|                         | gistered agent in Rhode Isla<br>Romano  |   |   |
| FOURTH: If a f          | oreign corporation, the add<br>s of which it is incorporated<br>N/A             | lress of its pri                                | ncipal office in the state or                                 |
|                         |   |   |   |
|                         | aracter of the business in  |   |   |
| island, briefly stated, | is to operate a nu  | rs.rug. nome.                                   |   |
|                         |   |   |   |
| SIXTH: The name         | mes and respective addresse   | es of its direct                                | ors and officers are:   |
|                         | Director  |   |   |
|                         | Director  |   |   |
|                         | Director  | ,,.,  |   |
|                         | Director  | 4   | <u></u>   |
|                         | Director  | pogenture 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |   |
|                         | Director  |   | ne Post per 1 PT  |
|                         | President   |   | tte_Dr., Bristol,_RI  |
| Jeremiah W. Roma        | vice President  |   | St., Bristol, RI  |
|                         | Secretary Treasurer   |   | tte Dr., Bristol, RI  |
|                         |   |   |   |
| SEVENTH: The a          | aggregate number of shares<br>f shares, shares without par                      | which it has a<br>value andseri                 | iutnority to issue, itemized<br>ies if any within a class is: |
| by classes, par varae o | i bilai boj bilai bo il tili ba pa-   |   | Par Value per Share   |
| Number of               | Olever.   | 2   | or Statement that Shares are without Par Value                |
| <u>Shares</u>           | Clasa   | Geries<br>UI                                    | Par_value   |
| 2000                    | Common  | 80  | No par value  |
|                         |   | .598A14-  | FEB 22 1980   |
|                         |   | • •   | •   |
|                         |   | 15.5  | •   |
| Form 31 8-79            |   | .00<br>0  | !   |
|                         |   | <u>8</u> .                                      | į   |

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

| Number of<br>Shares | Class  | Series | Par Value per Share<br>or Statement that<br>Shares are without<br>Par Value |
|---------------------|--------|--------|---|
| 100                 | Common |        | No par value  |

Dated fam 28, 1980 Silver Creek Manor. Inc.

By Levald PRomano
16 President

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

### State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

#### ANNUAL REPORT

|  | OF  |   |   |
|--|---|---|---|
| S  | ilver Creek Manor,  | Inc.                                    |   |
| amended, the undersign<br>First: The name      | provisions of Section 7.1, and corporation hereby sure of the corporation is Si | 1-118 of the G<br>bmits the follow      | eneral Laws, 1956, as<br>ing annual report:                                 |
|  | orporated under the laws  | of Rhode Is                             | sland   |
|  | ress of its registered office :<br>Bristol, Rhode Isla                          |   | is  |
|  | stered agent in Rhode Isla<br>no  | nd at such addre                        | 98 is   |
| FOURTH: If a for<br>country under the laws o   | reign corporation, the add<br>of which it is incorporated                       | ress of its princi<br>is N/A            | pal office in the state or  |
| FIFTH: The char Island, briefly stated, i      | racter of the business in some to operate a nur                                 | which it is actu<br>sing home.          | ······································                                      |
| · · · · · · · · · · · · · · · · · · ·          | and respective addresses of   | f its directors and                     |   |
|  | Director  |   | ***************************************                                     |
|  | Director  |   | ··· • • • • • • • • • • • • • • • • • •                                     |
| Gerald P. Romano                               |   |   | Dr., Bristol, R.I   |
|  |   |   |   |
| Jeremiah W. Romano                             |   |   | ., Bristol, R. I.   |
| Gerald P. Romano                               | Treasurer   | 24 Charlotte                            | Dr., Bristol, R.I   |
| SEVENTH: The ag<br>by classes, par value of sl | ggregate number of shares<br>hares, shares without par v                        | which it has aut<br>alue, and series, i | hority to issue, itemized if any, within a class, is:                       |
| Number of<br>Shares                            | Class   | Sorte                                   | Par Value per Share<br>or Statement that<br>Shares are without<br>Par Value |
| 2000   | Common  | _ 79                                    | No par value  |
|  |   | 9.                                      | •   |

JAN 25 1979

form 31 12M 8-77

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>c</u> 1     | 859  | <u>.s</u>  | Series .                          |                                | or Sta<br>Shares<br>Pa   | ue per Shar<br>tement that<br>are without<br>r Volue                                 |
|----------------|------|------------|-----------------------------------|--------------------------------|--|--|
| Co             | umon | -          | -                                 | No                             | par  | value  |
|                |      |            |                                   |                                |  |  |
|                |      |            |                                   |                                |  |  |
|                |      |            |                                   |                                |  |  |
|                |      |            |                                   |                                |  |  |
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|                |      |            |                                   |                                |  | 1  |
| , 19 <i>79</i> | Sil  | lver Cre   | ek Manor                          | , Inc                          | 2  | ,  |
|                | •    | /          |                                   |                                |  | 1  |
|                | By S | enld       | PRon                              | cano                           |  |  |
| •              | †    | •          | Ita                               | resi                           | Lei  | 1  |
|                | , ,  | ,          |                                   |                                |  | 1  |
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| 1.00           | 1. ) | τ.         |                                   |                                |  |  |
| . :            |      | •          |                                   |                                |  |  |
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|                | h: ; | 4 4 5      |                                   |                                |  |  |
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|                | !! ' |            |                                   |                                |  | ; I  |
|                | 1    |            |                                   |                                |  | 1  |
|                | 11   |            |                                   |                                |  | ŀ  |
|                |      | By .       | Common - Silver Cre By Silver Cre | Silver Creek Manor Grant or co | , 1979 Silver Creek Manor, Inc. GRAME OF COMPORATION The Crush | , 1979 Silver Creek Manor, Inc.  (NAME OF CORPORATION)  By Audd Planaro  Its Cruides |