



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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 17493		2. Name of Corporation PERSPECTIVES CORPORATION			
3. Street Address Principal Business Office 1130 Ten Rod Rd Suite B-101			City North Kingstown	State RI	Zip 02852
4. Business Phone No. 4012943990		5. State of Incorporation RHODE ISLAND		6. SIC Code 9886	
7. Brief Description of the Character of Business Conducted in Rhode Island SERVICES FOR THE DISABLED					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name David Ruppell			Vice President Name Joyce Ruppell		
Street Address 1130 Ten Rod Rd. Suite B-101			Street Address 1130 Ten Rod Rd. Suite B-101		
City N. Kingstown	State RI	Zip 02852	City N. Kingstown	State RI	Zip 02852
Secretary Name Joyce Ruppell			Treasurer Name David Ruppell		
Street Address 1130 Ten Rod Rd Suite B-101			Street Address 1130 Ten Rod Rd. Suite B-101		
City N. Kingstown	State RI	Zip 02852	City N. Kingstown	State RI	Zip 02852
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
Number of Shares	Class/Series	Par Value	ISSUED SHARES	Number of Shares	Class/Series
2,000 NO PAR VALUE				100	N/A
					None

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



File Date 1-20-05
Check No. 127544
By: z
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 David C Ruppell Date 1/3/05
Print or Type Name of Officer David C Ruppell
Title of Officer President



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

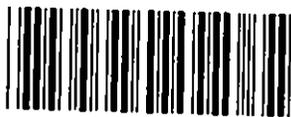
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with sections: 1. Corporate ID No. (17493), 2. Name of Corporation (PERSPECTIVES CORPORATION), 3. Street Address Principal Business Office (1130 Ten Rod Rd Site B-101), 4. Business Phone No. (401 294 3990), 5. State of Incorporation (RHODE ISLAND), 6. SIC Code (9886), 7. Brief Description of the Character of Business Conducted in Rhode Island (SERVICES FOR THE DISABLED), 8. NAMES AND ADDRESSES OF THE OFFICERS (President: David Ruppell, Vice President: Joyce Ruppell, Secretary: Joyce Ruppell, Treasurer: David Ruppell), 9. NAMES AND ADDRESSES OF THE DIRECTORS, 10. SHARES AUTHORIZED (2,000 NO PAR VALUE), 11. SHARES ISSUED.

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



* 1 7 4 9 3 *

File Date: 12/31/03
Check No.: 114934
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer: David C Ruppell
Date: 12/29/03
Print or Type Name of Officer: David Ruppell
Title of Officer: president



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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **17493**
2. Name of Corporation **PERSPECTIVES CORPORATION**
3. Street Address Principal Business Office
1130 Ten Rod Rd Suite B-101
City **North Kingstown** State **RI** Zip **02852**
4. Business Phone No. **401 294 3990**
5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island
Social Services

6. SIC Code
9886

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

President Name **David C Ruppell**
Street Address **1130 Ten Rod Rd B-101**
City **N. Kingstown** State **RI** Zip **02852**
Secretary Name **Joyce C Ruppell**
Street Address **1130 Ten Rod Rd B-101**
City **N. Kingstown** State **RI** Zip **02852**

Vice President Name **Joyce C Ruppell**
Street Address **Same**
City **Same** State **RI** Zip **02852**
Treasurer Name **David C Ruppell**
Street Address **Same**
City **Same** State **RI** Zip **02852**

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

Director Name **David C Ruppell**
Street Address **1130 Ten Rod Rd B-101**
City **N. Kingstown** State **RI** Zip **02852**
Director Name **Maria Ianotti Del Signore**
Street Address **15 Hollins Dr**
City **Cranston** State **RI** Zip **02920**

Director Name **Joyce C Ruppell**
Street Address **Same**
City **Same** State **RI** Zip **02852**
Director Name **Margaret Lawrence**
Street Address **19 Caswell St**
City **Westerly** State **RI** Zip **02879**

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

AUTHORIZED SHARES	Class/Series	Par Value
2,000 NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
100	NA	NA

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



* 1 7 4 9 3 *

File Date: **1-10-03**
103127
Check No.:
By: **DR**

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.

David C Ruppell 1/9/03
Signature of Officer Date

David C Ruppell
Print or Type Name of Officer

President
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **17493**
2. Name of Corporation **PERSPECTIVES CORPORATION**
3. Street Address Principal Business Office
1130 Ten Rod Road B-101
4. Business Phone No. **401-294-3990**
5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island
Social Services

City **N. Kingstown** State **RI** Zip **02852**
6. SIC Code **9886**

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

President Name **David C Ruppell**
Street Address **1130 Ten Rod Road B-101**
City **N Kingstown** State **RI** Zip **02852**

Vice President Name **Joyce C Ruppell**
Street Address **Same**
City _____ State _____ Zip _____

Secretary Name **Joyce C Ruppell**
Street Address **1130 Ten Rod Road B-101**
City **N Kingstown** State **R.I.** Zip **02852**

Treasurer Name **David C Ruppell**
Street Address **Same**
City _____ State _____ Zip _____

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

Director Name **David C. Ruppell**
Street Address **1130 Ten Rod Road B-101**
City **N. Kingstown** State **RI** Zip **02852**

Director Name **Joyce C Ruppell**
Street Address **Same**
City _____ State _____ Zip _____

Director Name **Maria Iannotti DelSignore**
Street Address **15 Hollins Dr.**
City **Cranston** State **RI** Zip **02920**

Director Name **Margaret Laurence**
Street Address **19 Carwell St.**
City **Wakefield** State **RI** Zip **02879**

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

Number of Shares	Class/Series	Par Value
2,000	NO PAR VALUE	

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

Number of Shares	Class/Series	Par Value
100	N/A	None

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



* 1 7 4 9 3 *

File Date: 1-15-02
Check No.: 91299
By: [Signature]

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

David C Ruppell 1/07/02
Signature of Officer Date
David C Ruppell
Print or Type Name of Officer
President
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. **17493** 2. Name of Corporation **PERSPECTIVES CORPORATION**
3. Street Address Principal Business Office
1130 Ten Rod Road Building B, Suite 101 City **North Kingstown** State **RI** Zip **02852**
4. Business Phone No. **401-294-3990** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9886**

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

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

President Name David C. Ruppell Street Address 1130 Ten Rod Road, B 101 City North Kingstown State RI Zip 02852	Vice President Name Joyce Ruppell Street Address Same City _____ State _____ Zip _____
Secretary Name Joyce Ruppell Street Address 1130 Ten Rod Road B 101 City North Kingstown State RI Zip 02852	Treasurer Name David C. Ruppell Street Address Same City _____ State _____ Zip _____

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

Director Name Donna Dellaporta Street Address 33 Kristee Circle City West Warwick State RI Zip 02893	Director Name Mr. Edward Farina Street Address 60 Langworthy Road City Westerly State RI Zip 02891
Director Name Maria Iannotti Delsignore Street Address 15 Hollins Dr. City Cranston State RI Zip 02920	Director Name Margaret Laurence, Laurence and Iwon Street Address 19 Caswell Street City Wakefield State RI Zip 02899

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

Number of Shares	Class/Series	Par Value
2000 SHS NO PAR VAL		

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

Number of Shares	Class/Series	Par Value
100	None	None

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



* 1 7 4 9 3 *

File Date: 1/10
Check No.: 78723
By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
Signature of Officer: [Signature] Date: 1/8/01
Print or Type Name of Officer: David C. Ruppell
Title of Officer: President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **17493**
2. Name of Corporation **PERSPECTIVES CORPORATION**
3. Street Address Principal Business Office
1130 Ten Rod Rd
4. Business Phone No. **401 294 3990**
5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island
Social Services

City **N Kingstown** State **RI** Zip **02852**
6. SIC Code **9886**

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

President Name **David C Ruppell**
Street Address **1130 Ten Rod Rd**
City **N Kingstown** State **RI** Zip **02852**
Secretary Name **Joyce C Ruppell**
Street Address **1130 Ten Rod Rd**
City **N Kingstown** State **RI** Zip **02852**

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

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

Director Name **Donna Dellaporta**
Street Address **33 Kristee Circle**
City **West Warwick** State **RI** Zip **02893**
Director Name **Margaret Laurence**
Street Address **19 Caswell St**
City **Wakefield** State **RI** Zip **02879**

Director Name **Maria Iannotti DelSignore**
Street Address **15 Hollins Dr**
City **Cranston** State **RI** Zip **02920**
Director Name **Linda McCarthy**
Street Address **94 Essex Rd**
City **North Kingstown** State **RI** Zip **02852**

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	2000 SHS	NO PAR	VAL

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100		no par value

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



* 1 7 4 9 3 *

File Date: **12-24-99**
Check No.: **666643**
By: **AMF**

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
Signature of Officer **David Ruppell** Date **12/20/99**
Print or Type Name of Officer **David Ruppell**
Title of Officer **President**

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **17493** 2. Name of Corporation **PERSPECTIVES CORPORATION**

3. Street Address Principal Business Office
1130 Ten Rod Rd. Suite B101 City North Kingstown State RI Zip 02852

4. Business Phone No. (401) 294-3990 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9886**

7. Brief Description of the Character of Business Conducted In Rhode Island
Services for the Disabled

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

President Name David C. Ruppell			Vice President Name Joyce Ruppell		
Street Address 1130 Ten Rod Rd. Suite B101			Street Address SAME		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name Joyce Ruppell			Treasurer Name David Ruppell		
Street Address 1130 Ten Rod Rd. Suite B101			Street Address SAME		
City	State	Zip	City	State	Zip

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

Director Name ✓ Donna Dellaport			Director Name M. MR. Edward Farina		
Street Address 33 Kristee Circle			Street Address 60 Langworthy Rd.		
City W. Warwick	State RI	Zip 02893	City Westerly	State RI	Zip 02891
Director Name Maria Iannotti DelSignore			Director Name Margaret Laurence Laurence and Iwon		
Street Address 15 Hollins Dr			Street Address 19 Caswell St		
City Cranston	State RI	Zip 02920	City Wakfield	State RI	Zip 02879

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
2000 SHS NO PAR VAL					

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



File Date: 1-12-99
Check No.: 55267
By: [Signature]
FOR SECRETARY OF STATE, USE ONLY

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

David C Ruppell 1/11/99
Signature of Officer Date
David C. Ruppell
Print or Type Name of Officer
Executive Director
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **17493** 2. Name of Corporation **PERSPECTIVES CORPORATION**

3. Street Address Principal Business Office **1130 Ten Rod Rd** City **N Kingstown** State **RI** Zip **02852**

4. Business Phone No. **401 294 3990** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9886**

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

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

President Name David C Ruppell	Vice President Name
Street Address 1130 Ten Rod Rd	Street Address
City N Kingstown State RI Zip 02852	City State Zip
Secretary Name Joyce C Ruppell	Treasurer Name
Street Address 1130 Ten Rod Rd	Street Address
City N Kingstown State RI Zip 02852	City State Zip

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

Director Name Donna Dellaporta	Director Name Margaret Laurence (Laurence + Iwon)
Street Address 33 Kristee Circle	Street Address 19 Caswell St
City West Warwick State RI Zip 02893	City Wakefield State RI Zip 02879
Director Name Maria Tannotti Del Signore RN	Director Name Linda McCarthy
Street Address 15 Hollins Dr	Street Address 94 Essex Rd
City Cranston State RI Zip 02920	City North Kingstown State RI Zip 02852

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
AUTHORIZED SHARES	ISSUED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2000 SHS NO PAR VAL			200	no par value	

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

File Date: **1-1-98**

Check No.: **44849**

By: **WR**

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: **David C Ruppell** Date: **12-1-97**

Print or Type Name of Officer: **David C Ruppell**

Title of Officer: **President**



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **17493** 2. Name of Corporation **PERSPECTIVES CORPORATION**

3. Street Address Principal Business Office **1130 Ten Rod Rd Site B-101** City **N. Kingstown** State **RI** Zip **02852**

4. Business Phone No. **401-294-3990** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9886**

7. Brief Description of the Character of Business Conducted in Rhode Island
provision of services to people with handicaps.

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

President Name David C Ruppell	Vice President Name Joyce C Ruppell
Street Address 1130 Ten Rod Rd	Street Address 1130 Ten Rod Rd
City N. Kingstown State RI Zip 02852	City N Kingstown State RI Zip 02852
Secretary Name same as above	Treasurer Name same as above
Street Address	Street Address
City State Zip	City State Zip

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

Director Name Edward Farina	Director Name Sylvia Reyes
Street Address 60 Langworthy Road	Street Address 144 Rodman St
City Westerly State RI Zip 02879	City Narragansett State RI Zip 02882
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2000 SHS NO PAR VAL			200	None	no par value

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



File Date: 1/2/97

Check No.: 35959

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer: [Signature] Date: 12-20-96

Print or Type Name of Officer: David C Ruppell

Title of Officer: President

ANNUAL REPORT

1996



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

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 17493		2. NAME OF CORPORATION PERSPECTIVES CORPORATION		
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 1130 Ten Rod Road, B-101		CITY North Kingstown	STATE RI	ZIP CODE 02852
4. BUSINESS PHONE NO. (401) 294-3990		5. STATE OF INCORPORATION RHODE ISLAND		6. SIC CODE 9886
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Provision of living arrangement other than institutionalized care for the handicapped				

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME David Ruppell			VICE PRESIDENT NAME Joyce Ruppell		
STREET ADDRESS 1130 Ten Rod Road, B-101			STREET ADDRESS 1130 Ten Rod Road, B-101		
CITY North Kingstown	STATE RI	ZIP CODE 02852	CITY North Kingstown	STATE RI	ZIP CODE 02852
SECRETARY NAME Joyce Ruppell			TREASURER NAME David Ruppell		
STREET ADDRESS 1130 Ten Rod Road, B-101			STREET ADDRESS 1130 Ten Rod Road, B-101		
CITY North Kingstown	STATE RI	ZIP CODE 02852	CITY North Kingstown	STATE RI	ZIP CODE 02852

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME None			DIRECTOR NAME None		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME None			DIRECTOR NAME None		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
2000 SHS	NO PAR VAL		100	Common	No Par Value

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

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

David C Ruppell
 Signature of Officer

President, David C Ruppell
 Print or Type Name of Officer

President
 Title of Officer

2-14-96
 Date

File Date: 2/22/96
 Check No: 2179
 By: ICP / CP
 For Secretary of State Use Only

DETACH BOTTOM BEFORE RETURNING

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: 17493

Annual Report for the year: 1995

Name of Corporation: PERSPECTIVES CORPORATION

Business entity organized under the laws of the State of: RHODE ISLAND
 For foreign entity, address and telephone number of principal office:
 N/A

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

Phone:
 Address and telephone of the principal office of business entity in
 Rhode Island (Provide street address - Not P.O. Box):
 1130 Ten Rod Road
 B-101
 N. Kingstown, Rhode Island 02852
 Phone: (401) 294-3990

Brief Statement of the character of business conducted in Rhode Island:

Provision of living arrangement other than
 institutionalized care for the handicapped

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
David Ruppell	1130 Ten Rod Road, B-101	North Kingstown, Rhode Island	02852
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Joyce Ruppell	1130 Ten Rod Road, B-101	North Kingstown, Rhode Island	02852
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Joyce Ruppell	Same as above		
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
David Ruppell	Same as above		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
N/A			
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class/Series	Number of Shares	Class/Series
2,000	Common/No Par Value	100	Common/No Par Value

Date 2/9, 1995

By: David C Ruppell
David C Ruppell
 PRINT OR TYPE NAME OF OFFICER SIGNING
president
 TITLE OF OFFICER SIGNING

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

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

Adler Pollock & Sheehan, Inc., 2300 Hospital Trust Tower, Providence, Rhode Island 02903

FILED

JAN 16 1995

E. 190 2030

Filing Fee \$50.00
Payable to:
Secretary of State

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

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

Corporate ID: 17493

Annual Report for the year: 1994

Name of Business Entity: PERSPECTIVES CORPORATION

BUSINESS ENTITY ORGANIZED UNDER THE LAWS OF THE STATE OF: RHODE ISLAND

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

N/A

phone: _____

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

1130 Ten Rod Road, B-101, N. Kingstown, RI 02852

phone: (401) 294-3990

Business Entity is (check one):

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

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

David Ruppell, President
1130 Ten Road Road, B-101, N. Kingstown, RI 02852

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

Provision of living arrangements other than institutionalized care for the handicapped

Date of Organization: 4/10/78 ME

Date of Qualification to do business in Rhode Island (if foreign entity):

N/A

THE NAMES OF THE OFFICERS ARE:

<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
David Ruppell, P.O. Box 417, Wakefield, RI 02879	1130 Ten Rod Rd	B-101 N. Kingstown RI	02852
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
Joyce Ruppell, P.O. Box 417, Wakefield, RI 02879	1130 Ten Rod Rd	B-101 N Kingstown RI	02852
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
Joyce Ruppell, same as above			
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
David Ruppell, same as above			

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
N/A			
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 2,000

CLASS Common

SERIES n/a

PAR VALUE OR WITHOUT PAR No Par Value

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 100

CLASS Common

SERIES n/a

PAR VALUE OR WITHOUT PAR No Par Value

DATE: 3-7-94

BY: David C Ruppell

FILED

MAR 9 1994

BY ME59 0151689

David C Ruppell
PRINT OR TYPE NAME OF OFFICER SIGNING

President
TITLE OF OFFICER SIGNING

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

Adler Pollock & Sheehan Incorporated, 2300 Hospital Trust Tower, Providence, RI 02903

Filing Fee \$50.00

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

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporations Division
100 North Main Street
Providence, Rhode Island 02903

Corporate ID 17493 Annual Report for the year 1993

FIRST: The name of the corporation is PERSPECTIVES CORPORATION

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is provision of living arrangements
other than institutionalized care for the handicapped.

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 1130 Ten Rod Road, B-101, N. Kingstown, RI
02852

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

Name	Office	Address (including number, street, zip code)
N/A	Director	
N/A	Director	
N/A	Director	
David Ruppell	President	P.O. Box 417, Wakefield, RI 02879
Joyce Ruppell	Vice President	P.O. Box 417, Wakefield, RI 02879
Joyce Ruppell	Secretary	same as above
David Ruppell	Treasurer	same as above

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
2,000	Common	--	No Par Value

EIGHTH: Number of Shares issued: **FFB 19 1993**

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

Dated 2-5- 1993

PAID
SECY OF STATE
PERSPECTIVES CORPORATION
(Name of Corporation)

(Report must be signed by an officer)

By David Ruppell
Title president

Filing Fee \$50.00

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

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporations Division
100 North Main Street
Providence, Rhode Island 02903

54

Corporate ID 17493 Annual Report for the year 1992

FIRST: The name of the corporation is PERSPECTIVES CORPORATION

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	Director	
	Director	
	Director	
David Ruppell	President	P.O. Box 417, Wakefield, RI 02879
Joyce Ruppell	Vice President	same as above
Joyce Ruppell	Secretary	same as above
David Ruppell	Treasurer	same as above

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
2,000	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 1/13 1991

PERSPECTIVES CORPORATION
(Name of Corporation)

By David C. Ruppell
Title President

(Report must be signed by an officer)

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SPECIAL DELIVERY

JAN 17 1 54 PM '92

Rec'd & Filed JAN 17 1992

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72/18

Filing Fee \$50.00

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

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporations Division
100 North Main Street
Providence, Rhode Island 02903

Corporate ID 17493 Annual Report for the year 1991

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David Ruppell	President	P.O. Box 417, Wakefield, RI 02879
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David Ruppell	Treasurer	same as above

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2,000	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

PAID
MAR 19 1991
SECY OF STATE
Rec'd & Filed MAR 19 1991

Dated 2-19 1991

PERSPECTIVES CORPORATION
(Name of Corporation)

By David C Ruppell
Title president

(Report must be signed by an officer)

Filing Fee \$15.00

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

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Corporations Division
100 North Main Street
Providence, Rhode Island 02903

CZ

Corporate ID 17493 Annual Report for the year 1990

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	Director	
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Joyce Ruppell	Secretary	same as above
David Ruppell	Treasurer	same as above

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No. of Shares	Class	Series	Par Value or statement that shares are without par value
2,000	Common	PAID FEB 01 1990	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

SEC'Y. OF STAT

Dated 1/25 1990

PERSPECTIVES CORPORATION
(Name of Corporation)

(Report must be signed by an officer)

By David Ruppell
Title President

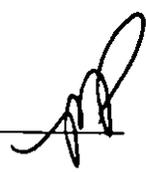
Filing Fee \$15.00

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

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Corporations Division
100 North Main Street
Providence, Rhode Island 02903

Corporate ID 17493

Annual Report for the year 1989



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	Director	
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Joyce Ruppell	Secretary	same as above
David Ruppell	Treasurer	same as above

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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

PAID
JUL 7 1989
SECY OF STATE

Dated 6.26 1989

PERSPECTIVES CORPORATION
(Name of Corporation)

(Report must be signed by an officer)

By David Ruppell
Title President

Filing Fee \$15.00

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

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporations Division
270 Westminster Mall
Providence, Rhode Island 02903

Corporate ID 17493 Annual Report for the year 1988

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FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 144 Rodman Street, Narragansett, RI 02882

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
David Ruppell	President	P.O. Box 417, Wakefield, RI 02879
Joyce Ruppell	Vice President	same as above
Joyce Ruppell	Secretary	same as above
John F. Corrigan,	Asst. Sec.	2300 Hospital Trust Tower, Prov., RI
David Ruppell	Treasurer	P.O. Box 417, Wakefield, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
2,000	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 _____ 19__

PAID
MAR 09 1988
SEC'Y OF STATE
PERSPECTIVES CORPORATION
(Name of Corporation)

(Report must be signed by an officer)

By David C Ruppell
Title President

FEB 26 1988

Filing Fee \$15.00

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

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporations Division
270 Westminister Mall
Providence, Rhode Island 02903

Corporate ID 17493 Annual Report for the year 1987

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	Director	
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Joyce Ruppell	Vice President	same as above
Joyce Ruppell	Secretary	same as above
John F. Corrigan,	Asst. Sec.	2300 Hospital Trust Tower, Prov., RI
David Ruppell	Treasurer	P.O. Box 417, Wakefield, RI

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EIGHTH: Number of Shares issued:

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100	Common	--	No Par Value

PAID
MAR 9 1987
SECY OF STATE

JUN 02 1987

Dated 2-23 1987

PERSPECTIVES CORPORATION
(Name of Corporation)

By David Ruppell
Title President

(Report must be signed by an officer)

Filing Fee \$15.00

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

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporations Division
270 Westminister Mall
Providence, Rhode Island 02903

Corporate ID 17493 Annual Report for the year 1986

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	Director	
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Joyce Ruppell	Vice President	same as above
Joyce Ruppell	Secretary	same as above
John F. Corrigan,	Asst. Sec.	2300 Hospital Trust Tower, Prov., RI
David Ruppell	Treasurer	P.O. Box 417, Wakefield, RI

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2,000	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 2-27 1986

MAY 9 1986

(Report must be signed by an officer)

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AMRE 15.00
CHK 15.00

PERSPECTIVES CORPORATION
(Name of Corporation)

By David C Ruppell
Title President

Filing fee: \$15.00

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

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

17493

Annual Report for the year 1985

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FIFTH: Business address in Rhode Island
144 Rodman Street, Narragansett, R.I. 02882
Blank Reports To: ADLER POLLOCK & SHEEHAN, 2300 Hospital Trust Tower
Providence, R.I. 02903

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
David Ruppell	President	P.O. Box 417, Wakefield, R.I. 02879
Joyce Ruppell	Vice President	same as above
Joyce Ruppell	Secretary	same as above
John F. Corrigan, Asst. Secretary	Secretary	2300 Hospital Trust Tower, Prov., R.I.
David Ruppell	Treasurer	P.O. Box 417, Wakefield, R.I.

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
2000	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: 2-22 19 85

PERSPECTIVES CORPORATION
(Name of Corporation)

By David Ruppell

Title President

(Report must be signed by an officer)

RECEIVED MAR 1985

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

Filing fee: \$15.00

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

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

Annual Report for the year 1984

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FIFTH: Business address in Rhode Island (blank reports will be mailed to this
144 Rodman Street, Narragansett, RI 02882
address) Blank reports to - Adler Pollock & Sheehan, 2300 Hospital Trust
Tower, Providence, RI 02903 Attn: John F. Corrigan

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
David Ruppell	President	P.O. Box 417, Wakefield, RI
Joyce Ruppell	Vice President	Same
Joyce Ruppell	Secretary	Same
John F. Corrigan	Asst. Secretary	2300 Hospital Trust Tower, Prov., RI
David Ruppell	Treasurer	Same as above

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
2000	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: 2-6 1984 PERSPECTIVES CORPORATION

(Name of Corporation)

By: *[Signature]*
Title: President

(Report must be signed by an officer)

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

Filing fee: \$15.00

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

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

Annual Report for the year 1983

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(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
David Ruppell	President	P.O. Box 417, Wakefield, RI
Joyce Ruppell	Vice President	Same
Joyce Ruppell	Secretary	Same
John F. Corrigan	Asst. Secretary	2300 Hospital Trust Tower, Prov., RI
David Ruppell	Treasurer	P.O. Box 417, Wakefield, RI

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
2000	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	2 --	No par value

FEB 2 1983
esa

Dated: 1/28 19 83

PERSPECTIVES CORPORATION

(Name of Corporation)

By *[Signature]*

Title *President*

(Report must be signed by an officer)

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

Filing fee: \$15.00

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

Annual Report for the year 1982

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Name	Office	Address
	Director	
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David Ruppell	President	P.O. Box 417, Wakefield, RI
Joyce Ruppell	Vice President	Same
Joyce Ruppell	Secretary	Same
John F. Corrigan	Asst. Secretary	2300 Hospital Trust Tower, Prov., RI
David Ruppell	Treasurer	P.O. Box 417, Wakefield, RI

(If additional space is needed, attach rider)

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2000	Common	--	No par value

FEB 2 1982

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: 1/26 1982

PERSPECTIVES CORPORATION

(Name of Corporation)

By: [Signature]

Title: President

(Report must be signed by an officer)

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

Filing fee: \$15.00

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

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

OF

PERSPECTIVES CORPORATION

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

FIRST: The name of the corporation is PERSPECTIVES CORPORATION

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is
2300 Hospital Trust Tower, Providence, RI 02903

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

John F. Corrigan, Esq.

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is N/A

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is provision of living arrangements other than institutionalized care for the handicapped

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

Name	Office	Address
	Director	
David Ruppell	President	P.O. Box 417, Wakefield, RI
Joyce Ruppell	Vice President	Same
Joyce Ruppell	Secretary	Same
David Ruppell	Treasurer	Same
John F. Corrigan	Asst. Sec.	2300 Hospital Tr. Tower, Prov., RI

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

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
2,000	Common	1	No Par Value

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

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
100	Common	--	No Par Value

Dated 1/23, 1981

PERSPECTIVES CORPORATION

(NAME OF CORPORATION)

By

Sam C. Bell

Its President

Filing fee: \$15.00

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

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

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2300 Hopsital Trust Tower, Providence, R.I. 02903

and the name of its registered agent in Rhode Island at such address is
John F. Corrigan

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Joyce Ruppell	Vice President	Same
Joyce Ruppell	Secretary	Same
David Ruppell	Treasurer	Same
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Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
2000	common	3 7 80	no par value

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

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
100	common	--	No par value

Dated 2/1, 1980

PERSPECTIVES CORPORATION

(NAME OF CORPORATION)

By



Its

Filing fee: \$15.00

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

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

OF

PERSPECTIVES CORPORATION

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

FIRST: The name of the corporation is PERSPECTIVES CORPORATION

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: The address of its registered office in Rhode Island is
2300 Hospital Trust Tower, Providence, Rhode Island 02903

and the name of its registered agent in Rhode Island at such address is
John F. Corrigan, Esq.

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is N/A

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is provision of living arrangements other than institutionalized care for the handicapped.

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

Name	Office	Address
	Director	
David Ruppell	President	115 Maple Rd., Warren, R.I.
Joyce Ruppell	Vice President	As above
Joyce Ruppell	Secretary	As above
David Ruppell	Treasurer	As above
John F. Corrigan	Asst. Sec.	2300 Hospital Trust Tower, Prov., RI

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

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
2000	Common	79	No par value

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

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

Dated 1/22, 1979

PERSPECTIVES CORPORATION
(NAME OF CORPORATION)

By: *Walter C. Kuppel*
Its PRESIDENT