

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

Matthew A. Brown, Secretary of State

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

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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005 Filling Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) L. Corporate ID No. 2 Name of Carriagion 17894 PEZZELLI NURSING HOME, INC. Street Address Principal Business 5 State of Incorporation **RHODE ISLAND** 9472 l Description of the Character of Isospose Conducted in Riode Island SKILLED NURSING & REHABILITATION FACILITY 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [7] FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Street Address OLDS State Zφ City 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Same Street Address Street Address City Zψ City Director Name Street Address Street Address Z_{ip} CH_{2} Stale 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [] AUTHORIZED SHARES ISSUED SHARES Number of Shares Class Series Par Value Number of Shares Class/Series Par Value 600 COMM NO PAR VALUE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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Under penalty of perjury, I declare including any accompanying sched	ules and stateme		
contained herein are true and corre-	:1/1		
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Signature of Officer /-	- X Z -	Dota	
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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 17894 PEZZELLI NURSING HOME, INC. 3. Street Address Principal Business Offic State 10. Prov. 5. State of Incorporation RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island SKILLED NURSING & REHABILITATION FACILITY 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS President Name NO. 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING Director Name Director Name LOO NK Street Address Street Address State City 7.ip Director Name Director Name Street Address Street Address State Zip 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 600 COMM 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 including any accompanying sched
File Date 1-22-04	contained herein are true and corre
Check No. 24.65	Signature of Officer S
Ву:	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	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 TYPED OR PRINTED IN BLACKT 1 Corporate ID No. 2. Name of Corporation 17894 PEZZELLI NURSING HOME, INC. 3. Street Address Principal Business Office 100 Smithfieln MONTH Providence 401-353-**RHODE ISLAND** 9472 7 Brief Description of the Character of Business Conducted in Rhode Island SKILLED LICHSING 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name M. PEZZELLI 1/ORMA Street Address Zip 110 KH Street Address Street Address City City Zip State 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) 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 200 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 600 COMM NO PAR VALUE MONE

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

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File Date: 4.71.03	_
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OR 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 co	rrect.
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Signatric of Officer Dat	•
KORMA M. PEZZELLI	
Print or Type Name of Officer	
PRESIDENT	
Title of Officer	
of the S	Levin 630 - 12/02



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

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

PROFIT	CORPORATION	ANNUAL	REPORT	FOR	THE	YEAR	2002
Filing Period	: January 1-March 1 •	Filing Fee: \$50	.00		 		



Filing Period: January	l-March 1 •	Filing Fee: \$50.00	· OKI IOI	. 1111,	ILAK		PLEASE RE
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401-353 Buef Description of the Character of	- 1770 f Business Conducted in	RHODE ISLAND	•				9472
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8. NAMES AND ADDRESS	ES OF THE OFFICE	CERS ("X" BOX FOR ATTAC		SPACES BEI	ORE USING	; ATTACHME!	NTS
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NORMA M.				HOLDS	ALL	office	S
102 0/11/-	· · · ·	14.16	Street Address				
City OLDE	Grate MUE	MUE	City		State		7.0
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ecretary Name			Treasurer Name				
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is report must be signed	THE THE DY CITTLE	a che rresident, vice i m	resident, Secreta	ary, Assistan	t Secretary	, Ireasurer, R	eceiver or Trust



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.

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agnitude of collect	_	Date 1
Print or True Same of Officer	M. PET	ZZELLI

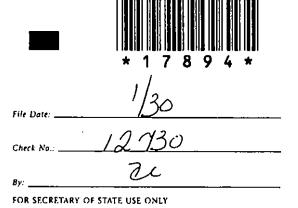
FOR SECRETARY OF STATE USE ONLY

THE OF OFFICER PRESIDENT

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 894 2 PETTELLY "NURSING HOME, INC. 3. Street Address Principal Business Office LIORTH Providence 02904 401-353-1710 2. Brief Description of the Character of Business Conducted in Rhode Island facility 5 KILLEN LIURSIAG FACILITY

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS PEZZELLI NORMA NOLOS City ZIp Treasurer Name Street Address Street Address City State Zip City Zio State 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address City State Zio City State Director Name Director Name Street Address Street Address City State Zip City State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ZARAHZ CERLEZI Number of Shares Class/Sedes Number of Shares Par Value Class/Series 600 SHS NO PAR COM MOME

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.



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 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00



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FORM MUST BE TYPED IN BLA	CK)				
1. Corporate ID No.	2. Name of Curporati	on .	S HOME, IN NORTH PIZUVID		
17894	PEZZE	LLI NURSING	5 HOME, IN	۷.	
3. Street Address Principal Business	Office		City	State	Zip
100 SMITHE	IELD Ro	47)	NORTH MOUND	ENCE K.I.	02904
4. Business Phone No		5. State of Incorporation			6. SIC Code
401 353-17	10	RHODE	ISLAND		9472
				- 1 '	1 2
SKILLED A	IURSING A	NO REHAB	ILITATION 7	ACILITY	
8. NAMES AND ADDRES				BEFORE USING ATTAC	HMENTS
President Name			Vice President Name	_	,
NORMA M	· PEZZEL	Li	TETER	J. PEZZE	LLI
Street Address	4	, 			- •
103 OLNE	Y AUENU	É	19 5	OUTH HILLI	11EW DRIVE
City	State	Zip	City	State	Zip
103 OLNE No. Pizovi, DENCE	ド, よ,	02911	NAKRAGANS	OUTH HILL	02882
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRES	SES OF THE DIRE	CT ORS ("X" BOX FOR ATT	ACHMENT) FILL IN SPAC	ES BEFORE USING ATTA	ACHMENTS
Director Name		•	Director Name	- 1	,
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Director Name			Director Name		
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10. SHARES AUTHORIZE	D ("X" BOX FOR ATTA	CHMENT)		("X" BOX FOR ATTACHMENT	")
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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
File Date: FILED	Morman. Pezzelli 9-29-00 Signature of Officer Date
SEP 2 v 2000 Ry CC 1223 9	NOKMA M. PEZZELLI
OR SECRETARY OF STATE USE ONLY	Title of Officer



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



(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 17894 PEZZELLI NURSING HOME, INC. 3. Street Address Principal Business Office N. Providence SMITHFILLD RHODE ISLAND of the Character of Business Conducted in Rhode Island NUrsing FACILITY 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Norma M. Pezzelli Street Address Street Address State Zio City 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Street Address Street Address City State Zip City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES ESSUED SHARES Number of Shares Class/Series Par Value Number of Shares 600 SHS NO PAR COM This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 1 7 8 9 4 *
File Date:	Jan 25,99
Check No.:	13907
By:	20.

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.

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Signature of Officer	<i>7.</i> J	7		Date	
Norma	<i>Μ</i> .	Pezz	elli 💮		
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fames R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

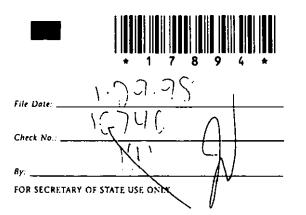
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 17894 PEZZELLI NURSING HOME, INC. 3. Street Address Principal Business Office. 100 Smithfield Road 02904 RI No. Providence 4. Business Phone No. 5. State of Incorporation 6. SIC Code 9472 **RHODE ISLAND** 401-353-1710 7. Brief Description of the Character of Business Conducted in Rhode Island SKILLED NURSING FACILITY 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name Norma M. Pezzelli Peter J. Pezzelli Street Address Street Address 19 S. Hillview Drive 103 Olney Avenue City 02911 RI 02882 No.Providence RINarragansett Secretary Name Treasurer Name Street Address Street Address City State Zip City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) Director Name Director Name Peter J. Pezzelli Norma M. Pezzelli Street Address Street Address 19 S. Hillview Drive 103 Olney Avenue City State Zio 02882 No.Providence RI 02911 Narragansett RI Director Name Director Name Street Address Street Address City 2.10 Zio City State State 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Number of Shares Class/Series Par Value Class/Series 200 Common No Par Value **600 SHS NO PAR COM**

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.

norman Augulli 1-27-9

Norma M. Pezzelli

Frint or Type Name of Officer

<u>President</u>





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

PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

Number of Shares

600 SHS NO PAR COM

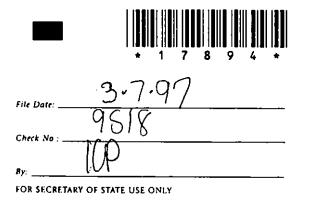
2. Name of Corporation

17894	PEZZELLI NI	URSING HOME, IN	C.		
3. Street Address Principal Business Office	•		City	State	Zip
100 Smithfield Ro	ad	S. State of Incorporation	No. Providence	RI	02904 6. SIC Code
401-353-1710 7. Brief Description of the Character of Bu	isiness Conducted in Rh	RHODE ISLA	ND		9472
SKILLED NURSING F					
B. NAMES AND ADDRESSES		RS ("X" BOX FOR ATTAC	HMENT)		
resident Name			Vice President Name		
Norma M. Pezzelli Greet Address			Peter J. Pezzel: Street Address	li	
	tate	Zip	19 S. Hillview 1	Drive State	ZIp
No. Providence	RI	02911	Narragansett	RI	02882
Secretary Name			Treasurer Name		
Street Address			Street Address		
Gify s	fate	Zip	City	State	Zip
9. NAMES AND ADDRESSES	OF THE DIRECT	ORS ("X" BOX FOR ATT	ACHMENT)		
Director Name			Director Name		
Norma M. Pezzelli Street Address			Peter J. Pezzell	li	
103 Olney Avenue	tate	Zip	19 S. Hillview I	Drive	Zip
No. Providence Director Name Susan K. Whipple Paul M. Pezzelli Street Address 24 Greenwood Lane	RI	02911	Narragansett Director Name Lisa Pezzelli-Ne Lauren Hickey Street Address	Ü	02882
93-C Nimpuc Trail		71-	10 Manning Terra 10 Alison Avenue	e	
Lincolu	rate RI.	^{21p} 02865	Newport	State RI	^{Zip} 02840
No. Providence	RI	02904	No. Providence	RI	02904
10. SHARES AUTHORIZED A	MD 1220FD (.X.	HUX FOR ATTACHMENT)	KC:53 G.405		
AUTHORIZED SHARES			ESSUED SHARES		

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

Number of Shares

200



Class/Series

Par Value

Class/Serles

Common

Par Value

No Par Value

Norma M. Pezzelli
Frunt 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

_] Fee: \$50.00	.,	PLEASE TYPE OR P	PRINT IN BLACK INK.		
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	No. Providence	RI	02911	Narragansett	STATE RI	02882
STREÉT	ADORESS			STREET ADDRESS		
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άπΫ́	103 Olney Avenu	e STATE	ZIP CODE	19 S. Hillview	Drive	. ZIP COD€
	No. Providence		02911	Narragansett	RI	02882
DIRECTO	RNAVE Susan K. Whinni	0		DIRECTOR HAME	Moushowa	A Tablica Communication and Assessment
STREET	Susan K. Whippl Paul M. Pezzell ^{AD24SS} Greenwood La	1		Lisa Pezzelli- Lauren Hickey Sime Wanning Ter	Memper 8	
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aty	Lincoln	STATE RI	²⁰⁰ 02865	Newport	STATE RI	^{za• ∞∞c} 02840
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		This	report must be SIG	NED IN INIX by either the		
	Presid			NED IN INK by either the ant Secretary, Treasurer, F		e
				report, including a	ny accompanying sch	affirm that I have examined thi ledules and statements, and that
	t t	•			tained herein are true	and correct,
File	Pate: //22/9/		·	Signature of Office	or essel	lu .
Che	eck No: (70636				Pezzelli	
_	marlin			Print or Type Name	e of Officer	
By:	For Secretary of Stat	e Use Only		Presider	it	1/19/96
		,		Title of Officer		Date

State of Rhode Island and Providence Plantations



Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335 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:			Annual Report for the	vear:		
	PEZZELLI NI	JRSING HOME,	INC.			
	the management was a sub-					
	under the laws of the State of: _R		Business Entity is (check one):			
For foreign entity, address	and telephone number of principa	ıl otfice:	[X] Business Corporation (See RIGL Chapter 7-1.1)			
	·	t de Austria de Liverina de Li	[] Professional Sc	rvice Corporation (See RIGL Chapter 7	-5.1)	
	Commence of the Commence of th					
Phone: ()			Brief statement of the Skilled Nur	e character of business conducted in Rhosing Facility	ode Island:	
	he principal office of business en					
Island (Provide street addresses 100 Smithf	ess - Not P.O. Box):					
	nce, RI 02904					
Phone: ()						
			IE OFFICERS ARE:			
PRESIDENT		STREET ADD	RESS	CITY/STATE	Z.P CODE	
Norma M. Pezz	<u>elli</u>	103 Olney	Avenue	N.Providence, RI	02911 ZIF CODE	
<u>Peter J. Pezz</u>	<u>elli</u>	<u>19 S. Hill</u>	lview Drive	Narragansett, RI	02882	
				CITY/STATE	ZIP CODE	
<u>Norma M. Pezz</u> TREASURER	erri	103_Olney	<u>Avenue</u> RESS	_ N. Providence, RI	02911 ZIR CODE	
<u>Peter J. Pezz</u>			lview Drive	Narragansett, RI	02882	
Name Norma M. Pezz	<u>IH</u>		E DIRECTORS ARE			
Peter J. Pezz	elli alli	103 SOUTHEY		'NYSTPFovidence, RI	02911	
Susan K. Whip	plo	19 S. Hillview Drive		Narragansett, RI	$\frac{02882}{60000}$	
Paul M. Pezze	pie 11:	24 GYEENWOOD Lane 93-C Nimpuc Trail		Clincoln, RI	Ø28 8 5	
NAMELisa Pezzelli	-Newberg	10 Many 198		N. Providence, RI	02904 ©2840	
LAuren_Hickey	Henoely	10 Allison		N. Providence, RI	02904	
_	THORIZED (Rider may be attached	· ·	<u></u>	SSUED AND OUTSTANDING (Rider may I		
Number of Shares		— ·—— ·—			·	
Number of Shares	Class / Series		Number of Shares	Class / Series		
600	Common		200	Common		
Date <u>January 20</u>			Porma M. Pezze	Hi		
Form 31 1 95			PE Pres Poentsigning ICER SIGNING			
			NT FOR SERVICE C			
PLEASE NOTE: If the reg	istered office and/or registered;	agent indicated below i	is incorrect, Form 9 must	be filed.		

NORMA M. PETZELLI 262 POPLAR ST., MODMSOCKET RI 02895 C# 10336

Filing Fee \$50.00 Payable to: Secretary of State

PLEASE TYPE or PRINT

, State of Rhode Island and Providence Plantations
Office of The Secretary of State

29923

File Annually 14.C Sept. 1 - Nov. 1 CORP: Jan. 1 - March 1

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

Corporate ID.	0017894		annual Report fo	or the year: 1994	
Name of Business F	intity:	Pezzelli Nurs	ing Home In	ic.	
But ness entitle ordanie	ed under the laws of the State of	Rhode Island	Business Enti	ity :s (check one)	-
• •	the trace of	· ··	₩ B	Susiness Corporation (See RIGL Chapter 7-	1.11
Federai Taxpayer Idens	offication Number: _	•		rofessional Service Corporation (See RIGI	•
For foreign entity, addi	ess and telephone number of princip	al office	[] L	united Liability Company (See RIGL 7-16	()
				nd mailing address of contact person to who	o: n
				ons may be directed: M. Pezzelli, President	t/Ouner
					c/ Owner
 		i		<u>plar Street</u>	
Phone ' J	_		Woonso	cket. RI 02895	
	of the principal office of business er	u'y iii Rhode			
	iddress - Not P.O. Box)		Brief stateme	int of the character of business conducted in	n Rhode Island.
	rest Nursing Cent	<u>:e</u>	Skill	<u>led Nursing Facility</u>	
100 Smoi	thfield Rd				
N. Provi	dence, RI 02904	i	Date of Orga	miration 1969 5/15/68	rem
Phone (401) 35	3-1710		Date of Qual	ification to do business in Rhode Island (it	foreign entity):
				·	
		1071 B. A. B. 401 (1 A. 81	E: <	- DI	
🗆 onas executivê sin i	TER OR - 28 TRESIDENT - C'9644 One	HE NAMES OF TH	E OFFICERS	CITY/STATE	21F CCD3
	Pezzelli	103 Olney Av		N. Providence, RI	. 02911 Zercose
	Pezzelli	19 S. Hillvi		Narragansett, RI	02882
Norma M.	Pezzelli	103 Olney Av	renue	N. Providence, RI	. 02911
-	Pezzelli	19 S. Hillvi	ew Drive	Narragansett, RI	02882
		IE NAMES OF THE	DIRECTORS	ARE:	
Norma M.		103 Oliney^At		N. Prévidence, RI	0291 1
Same Susan K.	Pezzelli Whimple	19 S. Hillvi 24 Greenwood		Narragansett, RI Lincolny RI	02882 02865
Paul M. I		93-C Nimpuc		N. Providence, RI	02904
NAME Lisa Pez:	zelli-Newberg	10 ManHing		NewportY^'RI	02840
Lauren H	ickey	10 Alison Av	renue	N. Providence, RI	02904
NUMBER OF SHAR	ES AUTHORIZED (If Applicable)		NUMBER OF S	SHARES ISSUED AND OUTSTANDING	(II Applicable)
		<u> </u>	NUMBER		
NUMBER	600		NUMBER	200	
CLASS	Common		CLASS	Соттол	
SERIES			SERIES		
PAR VALUE OR			PAR VALUE O		
WITHOUT PAR	No PAr Value		WITHOUT PAI	R No Par Value	
	<u>, </u>	<u>.</u> -			
Dute February	. 19_94	By	god min	m. Pezzelli	
			ma M. Pezz		
			esident		
			TICER S CNING		
Form 31 1/94		·			
	DESIGNATED REGIS <u>T</u>	ERED OR RESIDE	<u>N I</u> AGENT F	<u>OR SERVICE OF PROCESS:</u>	

PLEASE NOTE. If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed

FALIED NAY 2 0 1994

B/____

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

State of Rhode Island and Frovidence Flantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 00	17894	Annual Report for the year 1993				
First: The name of	the corporation is	PEZZELLI NURSING HOME, INC				
		f Rhode Island is operation of a nursing facility				
FOURTH: If foreign of	corporation, address of its princ	ripal office	••••••			
Fifth: Business add	ress in Rhode Island 263	2 Poplar Street, Woon	socket, RI 02895			
Norma M. Pezzelli Peter J. Pezzelli Susan K. Whipple Lauren Hickey Paul Pezzelli Lisa Pezzelli Norma M. Pezzelli Norma M. Pezzelli Norma M. Pezzelli	Director DIRECTOR Director DIRECTOR DIRECTOR Director President Vice President Secretary	Address (including number, 103 Olney Ave., N. 100 Smithfield Rd. 103 Olney Ave., N. 100 Smithfield Rd. 103 Olney Ave., N. 103 Olney Ave., N.	Providence, RI 02911 N. Providence, RI 02911 N. Providence, RI 02911 N. Providence, RI 02911 N. Providence, RI 02911 Par Value			
No. of Shares	Class Common	Series PAID	or statement that shares are without par value			
EIGHTH: Number of Shares	Shares issued: Class Common	MAR 0 1 1993 SEC'Y OF STATE Series	Par Value Or statement that shares are without par value No par value			
Dated Jan 22,		Pezzelli Nursing Home, In of Corporation) Durma h. Lezgel				
(Report must be sign		President				

Form 31 1/85

Filing Fee \$50.00	JAN 21 19	92	282In	To be filed annually between January 1st and March 1st
≶tad	001	and and Hroyii RPORATIONS DIVISION NORTH MAIN STREET ENCE, RHODE ISLAND 029	dence plantation	January 1st and March 1st
Corporate ID	0017894	Annu	al Report for the year	r
First: The name of	the corporation is		•	
SECOND: It is incorp	orated under the laws	of Rhode Island		
THIRD: Character of	f business, briefly stated	d, is Operation of	a nursing tacili	(t,y
FOURTH: If foreign	corporation, address of	its principal office		
FIFTH: Business add	ress in Rhode Island	262 Poplar Stre	eet. Woonsocket.	R102895
	ddresses of its director			(Attach rider if necessary)
Name Norma M. Pezzelli	Of Direct	ffice Lor	Address (including number, st	
Peter J. Pezzelli	Directo		-100 Smithfield.R	N. Providence, RI 02911 day:::Na:::Prov::::RI:::02904
Susan K. Whipple Lauren Hickey	Direct	or	100 Smithfield R	d., N. Prov. RI 02904
Paul Pezzelli	Direct		100.Smithfield.R	d.,NProvRI02904
Lisa Pezzelli	Directo	or	100 Smithfield Ro	d., N. Prov. RI 02904 d., N. Prov. RI 02904
Norma M. Pezzelli	Preside	en t		N. Providence, Rl 02911
Peter J. Pezzelli	Vice Pt	resident		d., N. Prov. RI 02904
Norma M. Pezzelli	Secreta	ırv	103 Olney Ave., 1	V. Providence, RI 02911
Norma M. Danielli	Treasu	•		N. Providence, RI 02911
SEVENTH: Number of	f Shares authorized:	1 1000		Par Value or statement that
No. of Shares	Class	1992 Sene	× .~	shares are without
600	Common	vene	(8 3 6 1931	par value No Par Value
		-web	(-	
Eighth: Number of	Shares issued:	Rec'd & Fliad		Par Value or statement that
No. of Shares	Class	φίθο Serie	\$	shares are without par value
200	Common			No Par Value
Dated2/20		(Name of Corporation)	li Nursing Home,	
(Report must be sig	ned by an officer)	Title Preside	00	

Form 31 1/85

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 0017	7894	Annual Report for the	year 1991
FIRST: The name of the	e corporation is	PEZZELLI NURSING	HOME, INC.
SECOND: It is incorpora	ated under the laws of	Rhode Island	
		Operation of a nursing f	
FOURTH: If foreign corp	poration, address of its p	rincipal office	
Fifth: Business address	in Rhode Island ²⁶²	Poplar Street, Woonsocket	, RI 02895
Sixth: Names and addi	resses of its directors and	officers:	(Attach rider if necessary)
Norma M. Pezzelli Peter J. Pezzelli Susan K. Whipple Lauran Mickey Paul Pezzelli Lisa Pezzelli Norma M. Pezzelli Norma M. Pezzelli Norma M. Pezzelli	Office Director Director Director Director Director Director President	Address (including numl 103 Olney Ave., No. Pro 100 Smithfield Rd., No 100 Smithfield Rd., No 100 Smithfield Rd., No	ber, street, zip code) ovidence, R.I. 02911 . Providence, R.I. 02906 . Providence, R.I. 02911 . Providence, R.I. 02911
EIGHTH: Number of Sha No. of Shares 200	class Common	Series	Par Value or statement that shares are without par value No Par Value
Dated 2/25 (Report must be signed	В	Pezzeili Nursing Home, Name of Corporation) y Not ma h Pezzel itle President	Inc.

Form 31 1/85

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	0017894		Annual Re	port for the year	1990
FIRST: The n	ame of the corporation	n is	ESZZÉLLI N	VRSING HOME.	INC
SECOND: It is	incorporated under the	ne laws of	Rhode Is	land	
	acter of business, briefl				
	extended coreign corporation, add				
Fifth: Busine	ess address in Rhode Is	sland20	62PoplarStreet.	WoonsocketI	RI02895
SIXTH: Name	s and addresses of its of	lirectors and	officers:		Attach rider if necessary)
Norma M. Pez:		Office Director	Addre 103 Olney Ave	ss (including number, street	
Peter J. Pez	*****************************	Director	100 Smithfie	d Rd., No.Prov	ridence, R.I. 0290
Susan K. Cata Lauren Hickey		Director			ridence, R.I. 0290
Paul Pezzell:	i	Director Director			ridence, R.I. 0290 ridence, R.I. 0290
Lisa Pezzell	i	Director			ridence, R.I. 0290
NOrma M. Pez	zelli	President	103 Olney Ave	., No. Provide	nce, R.I. 02911
Peter J. Pez	zelli	Vice Presider	nt 100 Smithfiel	d Rd., No.Prov	idence,R.I. 02904
Norma M. Pezz	relli	Secretary		., NO. Provide	
Norma M. Pezz	elli	Treasurer	103 Olney AVe	., No. Provide	nce, R.T. 02911
SEVENTH: Nui	mber of Shares author	ized:		,	Par Value or statement that
No of Shares	Class		Series	5	hares are without par value
600			PAID		
600	Common		MAG & 0 4000	No P	ar Value
Еібнтн: Num	has of Character 1		MAR 02 1990		
EIGHTH. NUM	ber of Shares issued:	,	SECT. OF STAT	E ,	Par Value or statement that
No. of Shares	Class		Series		hares are without par value
200	Common			No P	ar Value
Dated 2/	2819		ame of Corporation)	ing Home, Inc.	
		By	norma In 1	ezelli	
(Report mus	st be signed by an officer)	Ti	tle President		

State of Rhode Island and Frovidence Flantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 00178	E≐A	CE, KHODE ISLAND 02903	.	()
				ear 1989
FIRST: The name of the same of	the corporation is	FEZZELLI NU	REING HOM	I. INC.
SECOND: It is incorpo	orated under the laws of	of Rhode Island	***************************************	
THIRD: Character of	business, briefly stated.	, is operation of a		
FIFTH: Business addre	ess in Rhode Island			22895
Sixth: Names and ad	dresses of its directors		ess (including number	(Attach rider if necessary
Norma M. Pezzelli	Director	103 Olney Ave	., No. Prov	ridence, RI 02911
Peter J. Pezzelli	Director	OC Smithfiel	d Rd., No.	Providence, R1 0290
	Director		****	
Norma M. Pezzelli	Presiden	t 103 Olney Ave	., No. Prov	idence, RI 02911
Peter J. Pezzelli	Vice Pre	sident 100 Smithfiel	d Rd., No.	Providence, RI 02904
Norma M. Pezzelli				idence, RI 02911
Norma M. Pezzelli	Treasure			idence, RI 02911
No. of Shares	Shares authorized: Class	Series		Par Value or statement that shares are without par value
600	Common			No par value
EіGHTH: Number of Si	hares issued:	P	PAID	Par Value or \$tatement that
No. of Shares	Class	Series MAR	2 1989	shares are without par value
200	Common	85Q'Y	OF STAYE	No par value
Dated 2-25	1989	Pezzelli Nurs (Name of Corporation)	ing Home In	c. <u>.</u>
		By Dorma	m Yezze	el
(Report must be signer	d by an officer)	Title	President	

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

シン

Corporate ID	17894				or the year
First:	The name of the cor	poration is	PEZZELLI NU		ic.
SECOND:	It is incorporated	ander the laws	of RHODE	ISLAND	
THIRD:	Character of busines	s, briefly stated	, isoperat	ion of a nursi	ng home PAID
•	and extended o				
Fourth:	If foreign corporat	ion, address of	its principal c		SEC'Y. OF STATE
Г І г тн:	Business address in R	hode Island	******************		
*******************	262 Poplar St.	, Woonsocket	RI 02895	***************************************	
Ѕіхтн:	Names and addresses	of its directors		Address (inclu	(Attach rider if necessary)
Norma M	. Pezzelli	Directo	r 103 (.Providence, RI
Peter J	. Pezzelli	Directo	r 100	Smithfield Rd.	, No. Providence, RI 02904
*********************	•••••••••••••••••••••••••••••••••••••••	Director	r		
Norma M	. Pezzelli	Presider	nt 103 (. Providence, RI
Peter J	. Pezzelli	Vice Pre	esident 100	Smithfield Rd.	, No.Providence RI 02904
Norma M	. Pezzelli	Secretar	y 103 c	Olney Ave., No	. Providence RI
Norma M	. Pezzelli	Treasure	er 103 (Olney Ave., No	. Providence RI
SEVENTH:	Number of Shares	authorized:			Par Value or statement that
No. of Share	es	Class		Series	shares are without par value
600	C	ommo n			No par value
Еюнтн:	Number of Shares is	sued:			Par Value or statement that
No of Share		Class		Series	shares are without par value
200	Co	nommon			No par value
Dated2	25	19 88	(Name of Corp	Oration)	ng liome Inc.
(Rep	ort must be signed by an	officer)	Title 1	rma de Pezze resident	lh.

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

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MAIL. PROVIDENCE, RHODE ISLAND 02903

Corporate ID. 17894	***************************************	Annual Report for	the year1987
	•	ZELLI NURSING HOME, INC	•
And extended care facility. FOURTH: If foreign corporation, address of its principal office. FIFTH: Business address in Rhode Island. 262 Poplar Street, Moonsocket, R. I			
Norma M. Pezzelli	Director	103OlneyAveNo.	Providence. R.I.
Peter J. Pezzelli	Director	100 Smithfield Rd	NoProvidenceR.I0290
	Director		
Norma M. Pezzelli	President		
Peter J. Pezzelli	Vice Presid		
Norma M. Pezzelli	Treasurer		
	1	•	
No. of Shares	Class	DAVA	or statement that shares are without
600 Co	mmon	201087	·
		MAR US 1501	
EIGHTH: Number of Shares iss	sued:	SEC'Y. OF STATE	
No. of Shares			shares are within 0 5
200 Com	mon		300
Dated 2-25	•		Home, Inc.
	I	By Morma m. Tegy	elli'
(Report must be signed by an o	officer)	Title Tresident	

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID	17894	Annual Report for the year	ar1986
FIRST: The	e name of the corporation is	PEZZETLI MIDCIANI HOME TANC	
SECOND: I	t is incorporated under the laws o	Rhode Island	
THIRD: Ch	aracter of business, briefly stated,	is operation of a nursin	g home
***************************************		ility.	
Fourth: I		ts principal office	
FIFTH: Bus	iness address in Rhode Island		
······································	262 Poplar Street	, Woonsocket, R.I. 02895	
Sixth: Nar	nes and addresses of its directors a		(Attach rider if necessary) street, zip code)
Norma M.	Pezzelli Director	103 Olney Ave., No.P	rovidence, R.I.
Edward Po	ezzelli Director	Wilson Ave., Rumford	, R.I.
	Director		
Norma M.	Pezzelli President	103 Olney Ave., No.	Providence, R.I.
Edward P	ezzelli Vice Pres	sident Wilson Ave., Rumford	, R.I.
Norma M.	Pezzelli Secretary	103 Olney Ave., No.	Providence, R.I.
Norma M.	Pezzelli Treasure		
Seventh: N	umber of Shares authorized:		Par Value
No. of Shares	Class	Series	or statement that shares are without par value
600	Common		No Par Value
Еіднтн: Nu	mber of Shares issued:	03/11/86	Par Value
No. of Shares	Class	භා ආ Series	or statement that shares are without par value
200	Common	PAIL	No Par Value
Dated	MAY 12 1985	Perzelli Nursing Home,	Inc.
		By Dolma m. Pegelle	•
(Report n	nust be signed by an officer)	1.00	
Form 31 1/85		27: 425	***********

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE. RHODE ISLAND 02903

orporate ID17894		Annual Report for	the year 1985
FIRST: The name	of the corporation isPEZZ	ZELLI NURSING HOME, INC.	V
SECOND: It is inc	orporated under the laws of	Rhode Island	
		operation of a nu	
	22m2 F - 111.		
FOURTH: If foreig		principal office	
Fifth: Business a	ddress in Rhode Island		
•••••••••••••••••••••••••••••••••••••••	262 Poplar Street,	Woonsocket, RI	
SIXTH: Names and	d addresses of its directors an	d officers:	(Attach rider if necessar
Norma M. Pezze	11i Director	103 Olney Ave., No	
Edward Pezzell	i Director	Wilson Ave., Rumfo	rd, RI
	Director		
Norma M. Pezze	111 President	103 Olney Ave., No	. Providence, RI
Educad Daniella		ent Wilson Ave., Rumfo	rd, RI
Norma M. Pezze	lli Secretary	103 Olney Ave., No	
Norma M. Pezze	11i Treasurer	103 Olney Ave., No	. Providence, RI
SEVENTH: Number	r of Shares authorized:		Par Value
No. of Shares	Class	Series	or statement that shares are without
600	Common	oons.	par value No Par Value
		ECEIVED MAR 198	
Eighth: Number of	of Shares issued:	198 MAR	Par Value or statement that
No. of Shares	Class	Series	shares are without par value
200	Common		No Par Value
ted 3	19 85	Pezzelli Nursing Ho	ome, Inc.
	1	(Name of Corporation) By Oarna P	relli
(Report must be:	signed by an officer)	Fille President	10

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

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

Annual Report for the year

1984

The name of the corporation is

PEZZELLI NURSING HOME, INC.

SECOND: It is incorporated under the laws of

Rhode Island

THIRD: Character of business, briefly stated, is

operation of a nursing home

and extended care facility

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

262 Poplar Street, Woonsocket, RI

Office

Sixth: Names and addresses of its directors and officers:

(Addresses must Include street and number, if any)

Name

Address

Norma M. Pezzelli

Director

103 Olney Ave., No. Providence, RI.

Edward Pezzelli

Director

Wilson Ave., Rumford, RI

Director

Norma M. Pezzelli

President

103 Olney Ave., No. Providence, R1

Edward Pezzelli

Vice President

Wilson Ave., Rumford, RI

Norma M. Pezzelli

Secretary

103 Olney Ave., No. Providence, RI

Norma M. Pezzelli

Treasurer

103 Olney Ave., No. Providence, RI

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

Par Value or statement that shares are without par value

No. of Shares

600

Class Common

No Par Value

Eighth: Number of Shares issued:

statement that

No. of Shares

Class

Series

Series

200

No Par Value

d 16 19 Fx

84 Pezzelli Nursing Home, Inc.

Dated:

(Beport 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

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

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

			Annual Repo	rt for the yea	ar 1983
FIRST:	The name of	the corporation	is		
		PEZZELLI N	URSING HOME,	INC.	••
SECOND:	It is incorp	porated under the	e laws of	Rhode Isla	nd
THIRD:	Character of	business, briefly	stated, is or	peration of	a nursing home
	and exten	ded care facilit	ў.		
Fourth	: If foreign	corporation, ad-	dress of its p	rincipal offic	ee
Fifth:	Business add	dress in Rhode I	sland (blank	reports wil	l be mailed to this
address).	262	Poplar Street, W	oonsocket, F	RI	
SIXTH:	Names and	addresses of its	directors and	officers:	
	(Addresses n	nust include street ar	nd number, if a	ny)	
1	Name	Office		Addr	eas
Norma M. P	ezzelli	Director	103 Olney	Ave., No.	Providence, RI
Edward Pez	zelli	Director	Wilson Av	e., Rumfor	d, RI
		Director			
Norma M. P	Norma M. Pezzelli		103 Olney	Ave., No.	Providence, RI
Edward Pez	zelli	Vice Presid	ent Wilson Av	e., Rumfor	d, RI
Norma M. P	ezzelli	Secretary	103 Olney	Ave., No.	Providence, RI
Norma M. P (If additional:	ezzelli space is needed	Treasurer	103 Olney	Ave., No.	Providence, RI
SEVENTH	: Number	of Shares author	rized:		Par Value or statement that
No. of Sha	ires	Class	Series		shares are without par value
600		Common			No Par Value
EIGHTH:		Shares issued:	Series		Par Value or statement that shares are without par value
200		Common	3		No Par Value
200			1		No rai value
Dated:	2.26	19 FS	Pezzel	li Nursing	Home, Inc.
MAR	111983 38		By Zinner	President	zelli
		l		nust be signed	d 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

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 198

FIRST: The name of the corporation is

PEZZELLI NURSING ROME, INC.

SECOND: It is incorporated under the laws of Rhode Island

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

and extended care facility

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this

₩ 91 address)

u.

262 Poplar Street, Woonsocket, R.I.

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name Office Norma M. Pezzelli Director 103 Olney Ave., No. Providence, R.I. Edward Pezzelli Director Wilson Ave., Rumford, R.I. Director Norma M. Pezzelli President 103 Olney Ave., No. Providence, R.I. Edward Pezzelli Vice President Wilson Ave., Rumford, R.I. Norma M. Pezzelli Secretary 103 Olney Ave., No. Providence, R.I. Norma M. Pezzelli Treasurer 103 Olney Ave., No. Providence, 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

600

Common

No Par Value

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value or statement that shares are without par value

200

Common

3No Par Value

MAR 21 1982

Dated:

2 25

19 62

Pezzelli Nursing Home, Inc.

By Normal P. Sigelle

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

Form 31 — 10-51

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

PEZZELLI NURSING HOME, INC.

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

FIRST: The name of the corporation is

Pezzelli Nursing Home, Inc.

SECOND: It is incorporated under the laws of

Rhode Island

THIRD: The address of its registered office in Rhode Island is 262 Poplar Street, Woonsocket

and the name of its registered agent in Rhode Island at such address is Norma M. Pezzelli

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

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is operation of a nursing home and extended care facility

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

Name	Office	
Name	O:110e	Address
Norma M. Pezzelli	Director	103 Olney Avenue, No. Providence, R.I.
Edward Pezzelli	Director	Wilson Avenue, Rumford, R.I.
	Director	
Norma M. Pezzelli	President	103 Olney Ave., No. Providence, R.I.
Edward Pezzelli	Vice President	Wilson Avenue, Rumford, R.I.
Norma M. Pozzelli	Secretary	103 Olney Ave., No. Providence, R.I.
Norma M. Pezzelli	Treasurer	103 Olney Ave., No. Providence, R.I.

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

Number of Shares	Class	Series	or Statement that Shares are without Par Value
600	Common		No Par Value



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 Value per Share

<u> </u>	umber of Shares	Class	Scr <u>ies</u>	Par Value per Share or Statement that Shares are without Par Value
	200	Common		No Par Value
				!
				:
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Dated	March 1	,19 81	Pezzelli Nursing H (NAME OF COPI	
		By	Notice In . Ta	izyelh ssident

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	
	PEZZELLI NURS	ING HOME, INC.
Pursuant to the pro amended, the undersigne	ovisions of Section 'd corporation herel	7.1.1-118 of the General Laws, 1956, as by submits the following annual report: Pezzelli Nursing Home, Inc.
SECOND: It is income	rporated under the	laws of Rhode Island
THIRD: The address	of its registered offi Poplar Street, Wood	ce in Rhode Island is
and the name of its registe	red agent in Rhode I Norma M. Pezz	Island at such address is celli
FOURTH: If a foreign country under the laws of w	gn corporation, the a	address of its principal office in the state or ed is
FIFTH: The character Island, briefly stated, is	peration of a nurs	n which it is actually engaged in Rhode ing home and extended care facility
SIXTH: The names a	and respective address	sses of its directors and officers are:
Name	Office	Address
Norma M. Pezzelli	Director	103 Olney Avenue, N. Prov., R.I.
Edward Pezzelli	Director	Wilson Avenue, Rumford, R.I.
	Director	
Norma M. Pezzelli	President	103 Olney Ave., N. Prov., R.I.
Edward Pezzelli	Vice Presiden	t Wilson Avenue, Rumford, R.I.

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

Secretary

Treasurer

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

941A14 · · · 1500p

103 Olney Ave., N. Prov., R.I.

103 Olney Ave., N. Prov., R.I.

JAN 29 1980

Norma M. Pezzelli

Norma M. Pezzelli

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 Shares	C1 <u>asa</u>	Series	Par Value per Share or Statement that Shares are without Par Value
20 0	Common		No Par Value

Dated February 13, , 19 80 Pezzelli Nursing Home, Inc.

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

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

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1978

ANNUAL REPORT

1978

1978		OF	.978
	PEZZELLI N	URSING HOME, I	XC.
amended, the undersigned	corporation here the corporation	by submits the foll	ursing Home, Inc.
_	orated under the		Island
THIRD: The address	of its registered	office in Rhode Isla	nd is.
1000 Smith Street	. Providence,	Rhode Island	02908
and the name of its register			
			······································
FOURTH: If a foreign	m corporation, th	e address of its pri	ncipal office in the state or
country under the laws of v	shich it is incorpo	rated is	norpai onice in the state or
			ctually engaged in Rhode
care facility.			and extended health
SIXTH: The names and	respective addres	ses of its directors	
Pasquale Pezzelli, 3		35 Douglas 1	Address Perrace, No.Prov., R.I.
Norma M. Pezzelli		•	ve., No. Prov., R.I.
a second a second	Director		ELOVIA KILL
	Director		
to the second	Director		
Pasquale Pezzelli, J	r. President	35 Douglas	Terrace, No. Prov., R.I.
Norma M. Pezzelli	Vice Presi		
Norma M. Pezzelli	Secretary		
Pasquale Pozzelli, J	r. Treasurer		Terrace, No. Prov., R.I.
SEVENTH: The aggree by classes, par value of share	egate number of sl es, shares without	nares which it has a	uthority to issue, itemized
-		, , , , , , , , , , , , , , , , , , , ,	Par Value per Share
Number of Shares	Class	5 → Series	or Statement that Shares are without Par Value
		78	
600	Common	••	No Par Value
		61:	NO LEE VELUE
		\n •	•

Series

Shares are without Par Value

No Par Value

Form 31 35M 11-77

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:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
200	Common		No Par Value

Dated / 5/16 , 1978

By Harman Marsing Home, INC.

(NAME OF CORPORATION)

By Harman Marsing Home, INC.

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

	Pezzelli Nursin	q Home, Inc.	
amended, the undersig FIRST: The nan	gned corporation hereb	7.1.1-118 of the General Laws, 1956, y submits the following annual report: Pezzelli Nursing Home, Inc.	
		aws of R.I.	
		ffice in Rhode Island is. STREET, PROVIDENCE	
and the name of its reg	istered agent in Rhode	Island at such address is	
country under the laws	s of which it is incorpora	address of its principal office in the state	
Island, briefly stated,	is any lawful pur	s in which it is actually engaged in Rhorpose	
SIXTH: The names Name Pasquale Pezzel	Office	ses of its directors and officers are:	
Norma Pezzelli	Director	100 Smithfield Rd., N. Pro 103 Olney Ave., N. Prov.	V.
	Director Director		
	Director Director		
Pasquale Pezzel Norma Pezzelli	lli, Jr. President Vice Presid		
Pasquale Pezzel	Secretary .li Treasurer	" 100 Smithfield Rd., N. P	rov.
SEVENTH: The a	aggregate number of sh shares, shares without p	ares which it has authority to issue, itemi: par value, and series, if an y , within a class,	zed , is:
Number of Shares	<u>Class</u>	Par Value per Share or Statement that Shares are without Par Value	
600	Common	. No Par Value	

FEB 23 1978

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 Shares	. <u>C</u>	lass `		Series	Par Value or Statem Shares are Par V	per Share ent that ! e without alue
200	Co	mmon	:	 . 	No Par	Value
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ated January 20	. 19. 78	P	ezzelli	 Nursing Ho	ome, Inc.	:
	,			NAME OF CORP	CRATION	
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				l.		

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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

Pezzelli Nursing Home

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

Pezzelli Nursing Home

SECOND: It is incorporated under the laws of

R.I.

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

1000 Smith St., Prov...

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

Paul J. Bordieri

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

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is any lawful purpose

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

Name Omo

Address

Pasquale Pezzelli, Jr. Director

100 Smithfield Rd., Prov.

Norma P. Pezzelli

Director

103 Olney Ave., N. Prov.

Director

Director

Director

Director

Pasquale Pezzelli, Jr. President

100 Smithfeild Rd, Prov.

Norma Pezzelli

Vice President

103 Olney Ave., N. Prov.

Norma Pezzelli

Secretary

same

Pasquale Pezzelli, Jr. Treasurer

100 Smithfield Rd, Prov.

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	<u>Series</u>	or Statement that Shares are without Par Value
600	Common		No Par Value

JAN 31 1977

JAN 31-7: 3

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 Value per Share

Number of Shares	! <u>Class</u>	: :	Series	or Statement that Shares are without Par Value
200	: - Common	•		No Par Value
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Dated //27	, 19フフ	Pezzelli	Nursing Home,	
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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

Pez	zelli Nursin	g Home, Inc.	
Pursuant to the provisio amended, the undersigned cor First: The name of the	poration hereby	submits the following	ng annual report:
SECOND: It is incorpora	ted under the la	ws of Rhode Isl	and
THIRD: The address of i One Thousand Sm and the name of its registered	ts registered offi ith Street,	ce in Rhode Island i Providence, RI Island at such addre	s
Paul J. Bordier	i, Esq.	***************************************	
FOURTH: If a foreign co country under the laws of which			
FIFTH: The character of the briefly stated, is any law.	hebusinessin whe ful purpose.	nich it is actually eng	aged in Rhode Island,
SIXTH: The names and r	espective addres	ses of its directors a	nd officers are:
Name	Office	Ad	dress
Pasquale Pezzelli.			Road, Providence RI
Noram P. Pezzelli		103 Olney Ave.	No. Prov., RI
			the second second
			+ +
			÷+
Pasquale Pezzelli		100 Smithfield	Rd. Providence, RI
Norma Pezzelli			No. Prov., RI
	Secretary	п и н	
Pasquale Pezzelli	Treasurer	100 Smithfield	Rd., Prov., RI
SEVENTH: The aggregate by classes, parvalue of shares, sh	number of share ares without par	s which it has author value, and series, if	any, within a class, is:
Number of Shares	Class	_Series_	Par Value per Share or Statement that Shares are without Par Value
600	Common		No Par Value

OCT 7 1976

J. M.

ORM 31 50M 8-7

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 Shares	÷	Class		Series_	Par Value per Share or Statement that Shares are without Par Value
200		Common	•		No Par Value

Dated September 29, 19 76

Pezzelli Nursing Home, Inc.

Its President

26

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

State of Chode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE 1975

ANNUAL REPORT

OF

PEZZELLI NURSING HOME, INC.

Pursuant to the provisions of Section 7-1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is PEZZELLI NURSING HOME, INC.

are common a name of the common and the

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is 100 Smithfield Road, North Providence, Rhode Island

and the name of its registered agent in Rhode Island at such address is Paul J. Bordieri, 1000 Smith Street, Providence, R.I. 02908

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

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is Any lawful purpose

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

Pasquale Pezzelli, Jr. Director 100 Smithfield Rd., No. Prov., R.I.

Norma P. Pezzelli Director

Director

Director

Director

Director

Director

Director

Pasquale Pezzelli, Jr. President 100 Smithfield Rd., No. Prov., R.I.

Norma Pezzelli Vice President 03 Olney Ave., No. Prov., R.I.

Secretary

Pasquale Pezzelli, Jr. Treasurer 100 Smithfield Rd., No. Prov., R.I.

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

Number of Shares Class Series Par Value per Share or Statement that Shares are without Par Value

600 no par common

FEB 14 1976

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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:

Number ofShares	<u>Class</u>	Series	Par Value per Share or Statement that Shares are without Par Value
200	no par common		· · · :
			:
			:
			! : !
Dated $\frac{3}{6}$, 19 74. 1.	PEZZELLI NURSING F	IOME, INC.
			i

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

PEZZELLI NURSING HOME, INC.

Pursuant to the provisions of Section 7-1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is Pezzelli Nursing Home, Inc.

SECOND: It is incorporated under the laws of

Rhode Island

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

824 Industrial Bank Building, Providence, Rhode Island02903

and the name of its registered agent in Rhode Island at such address is Edward S. Goldin, Esquire

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 nursing home

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

Pasquale Pezzelli, Jr. Director Norma P. Pezzelli

100 Smithfield Rd., No. Prov., R.I. Director

same

Director

Director

Director

Director

Pasquale Pezzelli, Jr. President

same

Norma P. Pezzelli

Vice President

same

Norma P. Pezzelli

Secretary

same

Pasquale Pezzelli, Jr. Treasurer

same

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	or Statement that Shares are without Par Value	
600	common		no par value	

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 Shares	Class	<u>Series</u>	Par Value per Share or Statement that Shares are without Par Value
200	common		no par value
		•	

Dated February 21 , 194 Pezzelli Nursing Home,

Pasquale Pezzelli In President

3

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

,	PEZZELLI NUR	SING HOME,	INC.
amended, the under	signed corporation herel	by submits the s Pezzelli	the General Laws, 1956, as following annual report: Nursing Home, Inc.
SECOND: It is			Island.
THIRD: The a		office in Rhode	Island is
and the name of its	registered agent in Rhod	le Island at suc	h address is
FOURTH: If a country under the la	foreign corporation, the ws of which it is incorpo	address of its porated is	orincipal office in the state or
	aracter of the business in		ally engaged in Rhode Island,
			error of the control
Pasquale Pezze	ames and respective addr Office Common Director Director Director Director Director Director Director		ectors and officers are: Address field Rd., No., Prov., R.I.
Pasquale Pezzel	Director 1i, Jr. President 1i Vice President 1i Secretary	same ut same same	
Pasquale Pezzel	li, Jr. Treasurer	same	
SEVENTH: The by classes, par value of	aggregate number of sha f shares, shares without p	res which it has ar value, and se	authority to issue, itemized ries, if any, within a class, is:
Number of Shares	Class	Sérica	Par Value per Share or Statement that Shares are without Par Value
600	common	-	no par value

FEB 14 1973

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:

2	Number of	СІвяя		•	 	Par Value per Share or Statement that Shares are without Par Value
	200	common	ו	;	·: -	no par value
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Dated	marting the	, 19 23	::	PEZZI		ING HOME, INC. OF CORPORATION
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To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

1972 ANNUAL REPORT

OF

PEZZELLI NURSING HOME, INC.

Pursuant to the provisions of Section 7-1.1-118 of the General Laws, 1956, as

amended, the undersigned corporation hereby start: The name of the corporation is	ubmits the following annual report: PEZZELLI NURSING HOME, INC.
SECOND: It is incorporated under the laws	s of Rhode Island
THIRD: The address of its registered office 824 Industrial Bank Building, Provid	e in Rhode Island is ence, Rhode Island 02903
and the name of its registered agent in Rhode Is Edward S. Goldin, Esquire	
FOURTH: If a foreign corporation, the add country under the laws of which it is incorporat n/a	
FIFTH: The character of the business in which briefly stated, is nursing home	ch it is actually engaged in Rhode Island,
SIXTH: The names and respective addresss	es of its directors and officers are:
Pasquale Pezzelli, Jr. Director 100	Smithfield Road, No. Prov., R.I
Norma P. Pezzelli Director	(as above)
Director	•••
Director	
Director	
Director	
Pasquale Pezzelli, Jr. President	(as above)
Norma P. Pezzelli Vice President	(as above)
Norma P. Pezzelli Secretary	(as above)
Pasquale Pezzelli, Jr. Treasurer	(as above)
	• •

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:

Par Value per Share or Statement that Shares are without Par Value Number of Shares Class Series 600 without par value common

FEB 2

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 Shares	Class	Series	Par Value per Shate or Statement that Shares are without Par Value		
200	common		without par value		
	:	:			
		:			

Dated January 10 , 1972.

PEZZELLI NURSING HOME, INC.

By Pasquale Pezzelli, Jr.
Its President

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

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

1971 ANNUAL REPORT

OF

PEZZELLI NURSING HOME, INC.

Pursuant to the provisions of Section 7-1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is PEZZELLI NURSING HOME, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is 824 Industrial National Bank Building, Providence, Rhode Island 02903 and the name of its registered agent in Rhode Island at such address is Edward S. Goldin

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

FIFTH: The character of the business in which it is actually engaged in Rhode Island, nursing home briefly stated, is

Sixth: The names and respective addresses of its directors and officers are: Address

Pasquale Pezzelli, Jr. Director Norma P. Pezzelli

100 Smithfield Road, North Providence,

R.I.

as above

..... Director

Director

Director Director

Director

Pasquale Pezzelli, Jr. President as above

Norma P. Pezzelli Vice Presidentas above as above

Norma P. Pezzelli Secretary

Pasquale Pezzelli, Jr. Treasurer as above

common

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: Par Value per Share or Statement that Shares are without Par Value

Number of Shares Class Series

no par value

1084 31 40P 12 /6

600

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 Shures		Class		•	Series		Par Value per Share or Statement that Shares are without Par Value
200	÷	. common	÷	:	- ,	-	no par value
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	:		1		ii :	:	

NINTH: The amount of its stated capital as of the close of business on December 31 next preceding the date hereof was \$ 10,000.00.

Dated October 26, .19 71.

PEZZELLI NURSING HOME, INC.

INAME OF CORPORATION

R۱

lli//Jr. President