

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

Office of the	ic Secretary of State				401.222.3040
PROFIT CORF	ORATION 1 - March 1 • 1	ANNUAL REPO	ORT FOR THE Y	EAR 2005	<u> </u>
(FORM MUST BE TYPED I		,			
I. Corporate ID No.	2. Name of Corpo				· -
63793		t Nursing Centre, Inc.			
3. Street Address Principal Bi	••	- · · - ~ · ·	City	- State	1 _{Zip} · - · -
125 SCITUATE AV	E		CRANSTON	RI	02920
4. Business Phone No.		5. State of Incorporation		· · · -	6. SIC Code
(401)944-8500		RHODE ISLAND			9472
7. Brief Description of the Ch TO OWN, OPERATE, 1	nuracter of Business Co. MANAGE AND INVI	nducted in Rhode Island EST IN NURSING HOMES	- 1	•	·
8. NAMES AND ADDRI	ESSES OF THE OF	FICERS ("X" BOX FOR ATT	ACHMENT) FILL IN SPA	CES BEFORE ÜSING AT	TACHMENTS
Susan K. Whipple	•		Vice President Name Thomas N. Whipp	lo III	
Street Address			Sircei Address		<u>-</u>
125 Scituate Ave	nue		125 Scituate Av	ດກາ <u>ເຄ</u>	
City	State	Zip	'Cin'	State "	Zip
Cranston	RI	'02921	Cranston	RI	02921
Secretary Name			Treasurer Name		02321
Susan M. Marando	la		Susan K. Whipple	9	
Street Address			Street Address	• •	
125 Scituate Ave	nue		125 Scituate Ave	enue	
City	State	Zip	City·	State	Zip
Cranston	RI	02921	Cranston	RI	02921
9. NAMES AND ADDRE Director Name	ESSES OF THE DIR	RECTORS ("X" BOX FOR A	TTACHMENT) FILL IN S Director Name	PACES BEFORE USING A	TTACHMENTS
None			None		
Street Address			Street Address	•	
Cin	State	Zip	City	State	Zip
Director Name					
None			Director Name None		
Street Address			Sircet Address		
City	State	Zip	Ciry	State	Zip
10. SHARES AUTHORI	ZED ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHMENT	» П
AU (HORIZED SHARES	_		ISSUED SHARES		<i>,</i>
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 COMM \$1.00 P/	AR VALUE		100	Voting Comm	on \$1 Par Value
			720	Non-Voting	Com \$1 Par Value
This report must be sign	ned in ink by eithe	er the President, Vice Pr	esident, Secretary, Assist		



63793 DBC 01/05/05 04:48:12 PM	
File Date 23/05	_
Check No. 29873	
$B_{1:}$ \emptyset ,	
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

Susan K. Whipple

Print or Type Name of Officer

President

Form 630 12/01



Check No.

FOR SECRETARY OF STATE USE ONLY

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 200)4
	_			

FUING Perioa: January FORM MUST BE TYPED I	N BLACK)	•			_
1. Corporate ID No. 63793	2. Name of Corpo Cedar Cres	pration t Nursing Centre, Ir	nc.		·····
3. Street Address Principal Bi	usiness Office		City	State	Zip
125 SCITUATE AV	E		CRANSTON	RI	02920
4. Business Phone No.		5. State of Incorpo			6. SIC Code
(401)944-8500		RHODE ISL			9472
7. Brief Description of the Ch TO OWN, OPERATE, 1	naracter of Business Co.	nducted in Rhode Island BST IN NURSING H	OMES		13172
			RATTACHMENT) FILL IN	PACES BEFORE USING ATT	CHMENTS
SUSAN K. WHIPPLE			, Vice President Name		
Street Address	······································		. THOMAS N. WHII	PPLE, III	
125 SCITUATE AVE	NUE		Street Address		
City	State	197	. 125 SCITUATE /	AVENUE	
CRANSTON	RI	, Zip	City	State *	Zip
Secretary Name		02921	CRANSTON	RI	02921
SUSAN M. MARANDO	LA		Treasurer Name SUSAN K. WHIPP	1 P	
Street Address				LE	
125 SCITUATE AVE	NUE		Street Address		
City	State		.125 SCITUATE A	VENUE	
CRANSTON	RI	2ip 02921	City	State	Zip
			. CRANSTON	RI	02921
Director Name	SOLO OF THE DIK	CUTORS ("X" BOX F	ORATTACHMENT PILL IN	SPACES BEFORE USING AT	TACHMENTS
NONE			Director Name		
Street Address			NONE		
			Street Address		
City	State	Zip	·City	State	Zip
Director Name NONE			Director Name NONE		
Sireei Address			· Street Address	· · · · · · · · · · · · · · · · · · ·	
City	State	Zip	City	State	Z(p
MACDADEC AUTUOST	ZED was now see				
AUTHORIZED SHARES	LED ("X" BOX FOR	ATTACHMENT) [X" BOX FOR ATTACHMENT)	Design & Marie 1
Number of Shares	Class/Series	Par Value	ISSUED SHARES	Tay -	
	Chisa/Series	7 tir value	Number of Shares	Class/Series	Par Value
8,000 COMM \$1.00 P/	AR VALUE		100	VOTING COMMON	\$1 PAR VALUE
			720	NON-VOTING CO	M \$1 PAR VALUE
6 3 7	9 3	er the President, Vic	this report, includin	rjury, I declare and affirm that g any accompanying schedule	I have examined
*62702 DBC 04/00/04	1 40.45.04 44.45			nte contained bender are the a	

President
Title of Officer Form 630 12/01



(FORM MUST BE TYPED IN BLACK)

FOR SECRETARY OF STATE USE ONLY

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Form 630 12/01

PROFIT CORPORATION	NANNUAL REPORT FOR THE YEAR $\frac{2}{3}$	2003
Filing Period: January 1 - March 1 •	Filing Fee: \$50.00	-

	- 11 - 321.21 (-11)				
1. Corporate ID No. *63793*	2. Name of Corp.	oration st Nursing Centre, Inc			
3. Street Address Principa		st radiality Centre, inc			
125 SCITUATE A			City	State	Zip
4. Business Phone No.		1.0	CRANSTON	RI	02920
4. Business Phone No. (401) 944 - 8500		5. State of Incorpora RHODE ISLAI			6. SIC Code 9472
7. Brief Description of the TO OWN, OPERATE	Character of Business Co, MANAGE AND INV	onducted in Rhode Island EST IN NURSING HOP	ÆS	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
8. NAMES AND ADD	RESSES OF THE OF	FICERS ("X" BOX FOR	ATTACHMENT) FILL IN S	PACES BEFORE USING ATTA	CHMENTS
rresident Name			Vice President Name		.c.iii-iii/iii
Susan K. Whipp	le		· Thomas N. Whip	ople, III	
Street Address			Street Address		
125 Scituate A	venue		• 125 Scituate A	Avenue	
City	State	Zip	City	State	Zip
Cranston	RI	02921	·Cranston	RI	02921
Secretary Name	-1 - 1 -		Treasurer Name	-	• • • • • • • • • • • •
Susan M. Maran	<u> </u>	···	Susan K. Whipp	ole	
Street Address 125 Scituate A			Street Address		·-
		120	.125 Scituate A	venue	
Ciny Cranston	State RI	Zip	Ciny	State	Zip
		02921	. Cranston	RI	02921
Director Name	KEŞŞES OF THE DI	RECTORS ("X" BOX FO	RATTACHMENT) FILL IN	SPACES BEFORE USING AT	ACHMENTS
None			Director Name		
Street Address		·	None		
Sircei Address			Street Address		
City	State	Zip	·City	State	Zip
Director Name	}		•		
None			* Director Name		
Street Address	·		None		
Sirver Address			Street Address		
Cin-	State	Zip	.City	State	Zip
10. SHARES AUTHO	RIZED ("X" BOX FO	RATTACHMENT). []	13 SHARES ISSUED A	"X" BOX FOR ATTACHMENT).	<u> </u>
AUTHORIZED SHARES			ISSUED SHARES	A BOX POR ATTACHMENT).	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 COMM \$1.00	PAR VALUE		100	Voting Common	ı \$1 Par Value
			720	Non-Voting Co	om \$1 Par Value
This report must be :	signed in ink by eith	her the President, Vice	President, Secretary, Ass	istant Secretary, Treasure	
* 6	3 7 9 3 *			crjury, I declare and affirm that	
				ng any accompanying schedule	
*63793 DBC1/23/0			and that an stateme	ents contained herein are true a	па сопест.
File Date 3 - 1	1-03	_	Χ. /	11 hinosh	2/4/03
2 <	5ેમા <i>જ</i>		Signature of Officer	Date	<u> </u>
Check No		_	Susan K. V		
p	fur.		Print or Type Name of		
FOR SECRETARY OF STATE LIST ONLY		President			

Title of Officer

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

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

FORM MUST BE TYPED IN	BLACK)				
1. Carporate ID No.	2. Name of Corpor	atlon =	_		
63793	•	st Nursing Centre, Inc.			
3. Street Address Principal Busi		,,,,,	City	State	Zip
125 Scituate 4. Business Phone No.	Avenue	5. State of Incorpora	Cranston	RI	02921
(401) 944-850 7. Brief Description of the Char		RHODE ISL			6. SIC Code 9472
To own, opera 8. NAMES AND ADD! President Name	ate, manage an RESSES OF THE OFF	d invest in num ICERS (*x* BOX FOR A)	csing homes. TACHMENT) FILL IN SPACE Vice President Name	ES BEFORE USING ATTAC	CHMENTS
Susan K. Whi	pple		Thomas N. Whi	pple, III	
125 Scituate	Avenue		125 Scituate	Avenue	
City	State	Zip	City	State	Zip
Cranston Secretary Name	RI	02921	Cranston Treasurer Name	RI	02921
Susan M. Mar.	andola		Susan K. Whip	ple	
125 Scituate	Avenue		. 125 Scituate	Avenue	
City	State	Zip	City	State	Zip
Cranston 9. NAMES AND ADDR Director Name	RI RESSES OF THE DIR	02921 ECTORS (*x* BOX FOR	: Cranston ATTACHMENT) FILL IN SPA Director Name	RI CES BEFORE USING ATT	02921 ACHMENTS
None Street Address			None Street Address		
City	State	Zip	City	State	Zip
Director Name		#*#/ ## ·*	Director Name		
None Street Address			None Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORI AUTHORIZZD SHARIS	ZED (*X* BOX FOR AT)	TACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMENT	")
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 COMM \$1.00 PA	R VALUE		120	Common	\$1 Par Value
This space was best					
ima report must be 31	Ruca in ink by eit.	ner the President, Vi	ce President, Secretary, As	isistant Secretary, Treasi	arer, Receiver or Trusto



File Date: ___ 2337 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 editained herein are true and correct.

Signature of Officer

Susan K. Whipple Print or Type Name of Officer

President

Title of Officer

Form 630 12/01

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

PROFIT CORPORATION ANNUAL REPORT FOR THE VEAR



Flling Period: January	I-March 1 •	Filing Fee: \$50.00	on, lon ii	IL ILAK <u>LU</u>	PITASERI: INSTRUCTIO
(FORM MUST BE TYPED IN BLA	CK)				
1. Corporate ID No.	2. Name of Corpor		- •		
63793		est Nursing Centr	e, Inc.		
3. Street Address Principal Business	Office		City	State	Zip
125 Scituate Aven 4. Business Phone No.	ue	S. State of Incorporation	Cranston	RI	02921 6. SIC Code
(401) 944-8500 7. Brief Description of the Character	of Business Conducted	RHODE ISLAN	0		9472
To own, oeprate, 8. NAMES AND ADDRESS President Name	manage and : SES OF THE OFF	invest in nursing TCERS <i>("x" HOX FOR ATTACI</i>	homes. IMENT) FILL IN SPACE Vice President Name	ES BEFORE USING ATTA	CHMENTS
Susan K. Whipple Street Address			Thomas N. Whip	ople, III	
125 Scituate Aven	ue		125 Scituate A	Avenue	
City	State	Zip	City	State	Zip
Cranston Secretary Name	RI	02921	Cranston Treasurer Name	RI	02921
Susan M. Marandol	a		Susan K. Whipp	ple	
125 Scituate Aven	ue		125 Scituate F	Manua	
City	State	Zip	City	State	Zip
Cranston 9. NAMES AND ADDRESS Director Name	RI SES OF THE DIR	02921 ECTORS (*x* BOX FOR ATTA	Cranston CHMENT) FILL IN SPA Director Name	RI CES BEFORE USING ATI	02921
None Street Address			None Street Address		
City	State	Zip	Cuy	State	Zip
Director Name			Director Name		
None Street Address			None Street Address		
City	State	Zip	City	State	ZIp
10. SHARES AUTHORIZES AUTHORIZES SHARES) (*X* BOX FOR ATI	FACHMENT)	11. SHARES ISSUED ISSUED SHARES	("X" BOX FOR ATTACHMEN	T) .
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Serles	Par Value
8,000 SHS COM \$1	.00 PAR V		120	Common	\$1 Par Value

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



File Date: .

FEB 1 4 2001 Check No :

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

Signature	of	Officer	
-----------	----	---------	--

Date

Susan K. Whipple Print or Type Name of Officer

President

Title of Officer

Fam. 620 12/00



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



1. Corporate ID No.	<i>(</i>)				
	2. Name of Corporati				
63793 3. Street Address Principal Business Of		t Nursing Centre			
	•		City	State	Zip
125 Scituate Avenu 4. Business Phone No.	e	5. State of Incorporation	Cranston	RI	02921 6. SIC Code
(401) 944-8500 7. Brief Description of the Character of	Business Conducted In	RHODE ISLAND Rhode Island			9472
To own, operate, m. 8. NAMES AND ADDRESSE President Name	anage and in S OF THE OFFIC	vest in nursing ERS (*X* ROX FOR ATTACH	homes MENT FILL IN SPACE Vice President Name	S BEFORE USING ATTAC	HMENTS
Susan K. Whipple Street Address			Thomas N. Whip	pple, III	
125 Scituate Avenue City	e State	Zip	125 Scituate A	venue State	Zip
Cranston Secretary Name	RI .	02921	Cranston	RI	02921
Deborah Marandola Street Address	Susan	M. Marandola	Susan K. Whipp	ole	
125 Scituate Avenue	e State	Zip	125 Scituate A	venue State	Zip
Cranston 9. NAMES AND ADDRESSE Director Name	RI S OF THE DIREC	02921 CTORS (*x* BOX FOR ATTA	: Cranston CHMENT) FILL IN SPACE Director Name	RI CES BEFORE USING ATTA	02921 ACHMENTS
None Street Address			None Street Address		
	State		-	_	
City	31017	Zip	City	State	Zip
City Director Name	Side	21p	City Director Name	State	Zip
Director Name None	Since	2.1p		State	Zip
Director Name None Street Address	State	2.1p 	Director Name None	State	Zip
Director Name	State	Zip	Director Name None Street Address City	••	Zip
Director Name None Street Address City 10. SHARES AUTHORIZED	State	Zip	Director Name None Street Address City 11. SHARES ISSUED	State	Zip

	* 6 3 7 9 3 *
File Date:	2/31/W
Check No.: _	18905
By:	4(86)

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

Susan M Mara Print or Type Name of Officer

Title of Officer



FOR SECRETARY OF STATE USE ONLY

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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PLEAS	E READ CTIONS
EXSTRU	CHOXS

(FORM.MUST BE TYPED IN B. 1. Corporate ID No.					
63793	2. Name of Corpor	st Nursing Centre, I			
3. Street Address Principal Busine	ss Office	er mureing Centre, n	City	State	Zip
105 0 4 4 4					
125 Scituate Ave	nue ····	5. State of Incorporati		——	
7. Brief Description of the Charac	in various at the con-	RHODE ISLA	AND		9472
8. NAMES AND ADDRESS	manage and inv	est-in-nursing-home	es PACHMENT) FILL IN SPACE	S REPORE USING ATTAC	HTV 15 CO.
President Name		TOTAL TOTAL	Vice President Name	S BEFORE USING ATTAC	HMENTS
Susan K. Whipple	e		Thomas N. Wh	ipple, III	
			Street Address		
125 Scituate Ave	State	Zip	125 Scituate A	·	•
Cranston	! RI	02921	Cranston	RI .	02921
Secretary Name	• • • • • • • • • • • • • • • • • • • •		Treasurer Name		
Deborah Marando	ola	-	Susan K. Whip	ple	
Street Address			Street Address	******	
City 125 Scituate Ave	nue 🤲 .	1	Ziv 125 Scituate-A	venue	
	Di	Zip			Zip
— Cranston— 9. NAMES AND ADDRE	SSES OF THE DIR	02921 ECTORS (*X* BOX FOR A	CranstonCranston	CES REFORE USING ATTA	02921
Ditector Name			Director Name	Cha Mer One Call to Al IA	CHIMINIA . F. D
None			None		
Street Address			Street Address		
City	State	i Zip	· — · · · · · · · · · · · · · · · · · ·		
		, <i>•••</i> i	<i></i>	State	Zip
Director Name	• • • • • • • • • • • • • • • • • • • •		Director Name		
None			None		
Street Address			Street Address	^	··· • · · • · · · · · · · · · · · · · ·
<u>City</u>	State	i Zip	· !	· · · · · · · · · · · · · · · · · · ·	
•	,		City	State	Zip
10. SHARES AUTHORIZ	ED ("X" BOX FOR AT)	TACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMENT)	
AUTHORIZII) SHARES			ISSUED SHARKS	TA BOX TOR ATTACHMENT	, , , , , , ,
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 SHS COM \$1.	00 PAR V		120	Common	\$1.00 Par
	•				
his report must be -1-	and in into two co	han also Decided to the			
ma report must be sign	neu in ink by cit	ner the President, Vic	e President, Secretary, As	sistant Secretary, Treasu	rer, Receiver or Trustee
	8 61186 1111 18818 18188	IIII 1881		,	
•••		 	Under negative of a	perjury, I declare and affirm	that I have green to the
•		-		ing any accompanying sche	
0/23	199			contained herein are true	
File Date:	\ 		}	The solo	7 10 60
115	U()		Signature of Officer	·	Dote 10199

Susau

Title of Officer

Print or Type Name of Officer

11. Whipple



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

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

STOP PHASE READ INVIRTORIONS

(FORM MUST BE TYPED IN BLACK	()				
1. Corporate ID No.	2. Name of Corporation				
63793	Cedar Crest No	ursing Centre, inc.			
3. Street Address Principal Business Of	Tice	g = ,	City	State	Zip
4. Business Scituate Avenue	;	5. State of Incorporation	Cranston	RI	02921 6. SIC Code
(401) 944-8500 7. Brief Description of the Character of	Business Conducted in Rhi	RHODE ISLAND ode Island			9472
To own, operate, ma 8. NAMES AND ADDRESSE President Name	nage and invest is of the office	in nursing homes RS (*X* BOX FOR ATTACH)	. *		·
Susan K. Whipple Street Address 125 Scituate Avenue			Thomas N. Whipple Street Address 125 Scituate Avenue		
City	State	Zip	City	_	71.
Cranston	RI	02921	Cranston	⁵ 'Ki	^z β2921
Secretary Name		*****	Treasurer Name	•	
Deborah Marandola Street Address			Susan K. Whipple Street Address		
City 125 Scituate Avenue	State	Zip	125 Scituate Avenue) State	Zip
Cranston 9. NAMES AND ADDRESSE	RI S OF THE DIRECT	02921 ORS (*X* BOX FOR ATTAC	Cranston	RI	02921
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		• • • • • • • • • • • •
None			None		
Street Address			Street Address		
Сиу	State	Zip	City	State	Žip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTACHN	AENT)	11. SHARES ISSUED (*X* BO	OX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 SHS COM \$1.00	PAR V	ī	120	Common	\$1.00 Par

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

File Date:	3/12/98
Check No :	1438/
By:	OF STATE USE ONLY

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

Signature of Officer

Date

Print or Type Name of Officer

7.00 NEC

Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1135 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997 Filing Period: January 1-March 1 . Filing Fee: \$50.00

Tribal June	wiy i-mar(n i • r	uing Fee: \$50.00	,		INSTRUCTIONS
OFORM MUST BE TYPED IN	N BLACK)				COMPLETING
1 Corporate ID No 43793	2. Name of Corporation Cedan E		ng Centre, Inc.		THIS TORS
3. Street Address Principal But 125 Scituate			c _o Cranston.	State R I	zip 02921
4 Business Phone No. (401) 274-20	900	5. State of Incorporati Rhode: Is			6. SIC Code 9472
7. Buef Description of the Cha	nacter of Business Conducted in R Operate a nursi	hode Island ng home			
	RESSES OF THE OFFICE		Vice President Name	dipple, III	·
Street Address 125 Scituate			Sucet Address 123 Scituate		
Coy Cranston	State FCI	^{zip} 02921	_{cuy} Cranston	State F: I	0g 02921
Secretary Name Thomas N. Wh	ipple, III		Treasurer Name Lisa Pezzell	i	
Street Address 125 Scituate	Avenue	•	Street Address 125 Scituate	- Avenue	
on Chanston	State RCI	zφ 02921	ow Cranston	state FCI	⁷ 9 02921
9. NAMES AND ADD Director Name None	RESSES OF THE DIREC	FORS ("X" BOX FOR A	TTACHMENT) Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Mreet Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHOR	IZED AND ISSUED (*X*	BOX FOR ATTACHMENT	T) ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Senes	Par Value
4000.00	A-Voting	1,00	100.00	A-Voting	1,00
4000.00	B-Non Vote	1.00	900,00	B-Non Vote	1.00
This report must be s	igned in ink by either	the President, Vic	e President, Secretary, As	sistant Secretary, Treasur	er, Receiver or Trustee

Cedar Crest Nursing Centre, Inc.	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
File Date:	that all statements contained herein are true and correct. 3/31/97
Check No /2 4 60	Signature of Officer _ Susan K. Whipple
FOX STATE USE ONLY	Print or Type Name of Officer President
	Title of Officer SMD

PROFIT CORPORATION ANNUAL REPORT

Filing Period: January 1-March 1

Filing Fee: \$50.00



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

DI FACE TYPE OR ORINT IN DI ACK INK

1. CORPORATE IO NO.	2. NAME OF CORPORATION	· ·	T RINT HE BOACK INC.		
63793		Crest Nursin	g Centre, Inc.		
siret address paridina busines 125 Scituate	Avenue		Cranston,	STATE RI	62921
BUSTITESS PHONE NO.		5. STATE OF INCORPORATION			E SC CODE
(401) 274-200		Rhode Is	land		9472
To own and op	ror Business conducted in Phode is erate a nursi	ing home			 .
PRESIDENT NAME	8. NA I	AES AND ADDI	RESSES OF THE O	FFICERS	
_	مام		VICE PRESIDENT NAME		
Susan K. Whip	bie		Thomas N. Wh	ippie, III	
125 Scituate	Avenue		125 Scituate	Avenue	
YTK	STATE	ZIP CODE	ary	STATE	2₽ COD€
Cranston	RI	02921	Cranston	RI	02921
			TREASURER NAME		
Thomas N. Whi	pple, III		Lisa Pezzell	i	
	A		STREET ADDRESS		
125 Scituate	Avenue	ZIP CODE	125 Scituate	Avenue	75° 606€
Cranston	RI	02921	Cranston	RI	02921
,"			RESSES OF THE D		02321
DIRECTOR NAVE			DIRECTOR MANE		
None			ſ		
STREET ADORESS			STREET ADDRESS		
στγ	Later	· • • · · · · · · · · · · · · · · · · ·			
211	STATE	ZIP COOE	στν	State	2P 000E
DIRECTOR NAME			DETECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
ατγ	STATE	ZIP CODE	City	STATE	1 200006
			,	, Jane	3 444
		ARES AUTHOR	IZED AND ISSUEI	·	
ITUMBER OF SHARES	AUTHORIZED SHARES CLASS/SERIES	PAR VALUE	NUMBER OF SHARES	ISSUED SHARES CLASS / SERIES	PAR VALUE
			HVH SER OF STORES	CURANT SERVES	PARVALUE
4000.00	A-Voting	1.00	100.00	A-Voting	1.00
4000.00	B-Non Vote	1.00	900.00	B-Non Vote	1.00
	·	· · · · · · · · · · · · · · · · · · ·			
Pr	This esident, Vice Preside	report must be SIC	GNED IN INK by either to stant Secretary, Treasure	he r, Receiver or Trustee	.
			Under penalty	of perjury, I declare and a	ffirm that I have examin
edar Crest Nu	rsing Centre,	Inc.	report, including	g any accompanying sche	dules and statements, a

File Date: Check No:

Signature of Officer

Susan_K._Whipple

President

2/27/96

Title of Officer

Date

State of Rhode Island and Providence Plantations

63793

Corporate ID:

Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335 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:	63793	A	Annual Report for the ye	ear: 1995	
Name of Corpor Business entity org For foreign entity,	ration: Cedar Crest ranized under the laws of the State address and telephone number of	t. Nursing Centre of: Rhode Island principal office:	Business Entity is (che [X]) Business Corpor	eck one): ation (See RIGL Chapter 7-1.1) vice Corporation (See RIGL Cha	- pter 7-5.1)
	none of the principal office of busing the address - Not P.O. Box);	ness entity in Rhode	Brief statement of the To own and	character of business conducted operate a nursin	in Rhode Island g home
125 Scitt Cranston Phone: ()	uate Avenue , RI 02920 (401) 274-2000				· -
PRESIDENT	· ·	THE NAMES OF TH			·
Susan K.	Whipple	STREET ADDR 125 Scituate A STREET ADDR		CITYSTATE CITYSTATE CITYSTATE	ZIP CODE
Paul M. I	Pezzelli	125 Scituate A	ve., <u>Cranston</u>	RI 02920	ZIP CODE
Thomas N	. Whipple, III _	125 Scituate A	ve., Cranston	RI 02920	ZFCODE
<u>Lisa Pe</u> z	<u>zell</u> i	125 Scituate A	ve., Cranston		
NAME		THE NAMES OF THE		CITY/STAIT	ZI5 CODE
None	· · ·—	STREE: ADDR	ESS	CHYSTATE	ZIP CODE
NAME.	-	STRUET ADDR	ESS	CITY'STATE	ZiP CODE
NUMBER OF SHA	RES AUTHORIZED (Rider may be	attached)	NUMBER OF SHARES ISS	LED AND OUTSTANDING (Rider	may be attached)
Number of Shares	Class / Series		Number of Shares	Class / Series	
4000.0 4000.0		ve	100.00 900.00	A-Voting B-Non Vote	
 Datc		Ceda Sy: S FRINTOR CYPE	r Crest Nursi	ng Centre, Inc.	
Form 31 1/95		TITLE OF OFFICE	CER SIGNING	·	
—	DESIGNAT f the registered office and/or regis	ED REGISTERED AGES	NT FOR SERVICE OF	F PROCESS:	
			SINCOULCE, FORIN Y MIRST DI	* 1118711	

MAR 1 1995 By Cc 7469

Filing Fee 550 00 Payable to: Secretary of State

PLEASE TYPE or PRINT

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

File Annually LLC Sept. I - Nov. I CORP Jan I - March I

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

Corporate ID: 83743	Annual Report for the year 1994
Name of Business Entity, <u>Cedar</u> Crest Nursing Centre	e, Inc.
Rhode Island	Business Entity is (check one).
Business entity organized under the laws of the State of	lx . Business Corporation (See RIGL Chapter 7-1-1)
Federal Taxpayer Identification Number For foreign entity, address and telephone number of principal office:	Professional Service Corporation (See RIGL Chapter 7.5.1) L. Limited Liability Company (See RIGL 7-16)
	Name, title and mailing address of contact person to whom communications may be directed.
· 	Susan K. Whipple, President
	125 Scituate Avenue
Phone ()	
Address and telephone of the principal office of business entity in Rhode	
Island (Provide street address - Not P.O. Box):	Brief statement of the character of business conducted in Rhode Island
	lo own and operate a nursing home
125 Scituate Avenue	. <u></u>
Cranston, RI 02920	Date of Organization 03/29/91
Phone () (401) 274-2000	Date of Qualification to do business in Rhode Island (if foreign entity)
7 HOIK <u></u>	
THE MANIE OF T	TIP APPLACED AND
THE NAMES OF 1 ☐ OF OPEN OR SUDDICTION Y□ PAIS OF NO (1986 AND (HE OFFICERS ARE: CID STATE
Susan K. Whipple 125 Scituate 6	Ave., Cran., RI 02920
☐ OLEOBERATING CHICKOX XC ACCIDENDES GREEGES SOLUTION	
Paul M. Parzelli 125 Scituate /	ones, Cran., RI 02920
• • • • • • • • • • • • • • • • • • • •	
Thomas N. Whipple, III 125 Scituate /	OKINS CHESTAN Z PCOOR
	Ave Cran., RI 02920
THE NAMES OF THE N	HE DIRECTORS ARE: CRASSAIL ZIPTUR
None	
SAMP SIECT AD	ZIPCTOLL ZIPCTOLL
NAME - AREA - AR	CREAN CITATAIL TO CODE
	<u> </u>
NUMBER OF SHARES AUTHORIZED (II Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (II Applicable)
NUMBER 4000.00 4000.00 0.00	NUMBER 0.00 0.00 0.00
CLASS A-Voting B-Non-Vote	CLASS
SERIFS	SERIES
PAR VALUE OR 1.00 WITHOUT PAR 1.00	PAR VALUE OR WITHOUT PAR
Date 10 10 10 10 10 10 10 10 10 10 10 10 10	Avan Kuhipp le
MAR 1 5 1894	Susan K. Whipple
MAR 1 4 1994 MAR 1 4 1994 By. Of Glack 5733 MID.CO. 11	Administrator
10m31 154	
DESIGNATED REGISTERED OR RESID	ENT AGENT FOR SERVICE OF PROCESS:

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

Corporate ID 63/93	***********************	Annual Report for the year.	1993
FIRST: The name of the c	corporation is Ceda	Crest Nursing Centre, I	nc.
Second: It is incorporate	ed under the laws of	Rhode Island	
THIRD: Character of busi	ness, briefly stated, is	To own and operate a n	ursing home
FOURTH: If foreign corpo	ration, address of its p	rincipal office	
FIFTH: Business address in	n Rhode Island		
125 Scituate Avenue	Cranston RI (2920	
SIXTH: Names and address	sses of its directors and	Officers: Address (including number, str	(Attach rider if necessary)
None	Director		••••••
	Director		
	Director		
Susan K. Whipple	President	125 Scituate Ave., Cr	
Paul M. Pazzelli	Vice Preside	nt 125 Scituate Ave., Cr	an., RI 02920
Thomas N. Whipple, I	I I Secretary	125 Scituate Ave., Cr	an., RI 02920
Lisa Pezzelli	Treasurer	125 Scituate Ave., Cr	an., RI 02920
SEVENTH: Number of Sha	res authorized:		Par Value
No. of Shares 4000	Class	Series 🔥	or statement that shares are without
4000 4000	A-voting B-Non vote	9. 1 1000	1.00
		, KEB "	
Еібнтн: Number of Share	es issued:	Rec'd & Filed Rec'd & Filed Series	Par Value
No of Shares 100	A ^{Class} A-Voting	Rec'o / XX	shares are without
900	B-Non vote		1.00
_			
Dated Jan 25	17	Cedar Crest Nursing Cent	re, Inc.
	(Name of Corporation))_
	£	Mason K Wippl	Ψ
(Report must be signed by	y an officer)	itle Tresident	

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 ID0063793 First: The name of the		Annual Report for the year 1992 CCACGUISHOU COCE Cedar Crest Nursing Centre, Inc.		
SECOND: It is incorpor	rated under the laws of	Rhode Tsland		
THIRD: Character of b	usiness, briefly stated, is	to own, operate and m	nanage a nursing home	
FOURTH: If foreign co	rporation, address of its	principal office	······································	
FIFTH: Business address	ss in Rhode Island	125 Scituate Avenue, Cra	nston, RI 02920	
SIXTH: Names and add	dresses of its directors ar		(Attach rider if necessary)	
	Director			
	Director			
	Director			
Susan K. Whipple	President	125 Scituate Avenu	e, Cranston, RI 02920	
Paul M. Pezzelli	Vice Presi	dent 125 Scituate Avenu	e, Cranston, Rl 02920	
Thomas N. Whipple, III	Secretary	125 Scituate Avenu	e, Cranston, RI 02920	
Lisa Pezzelli	Treasurer	125 Scituate Avenu	e, Cranston, RI 02920	
	Shares authorized:		Par Value or statement that shares are without	
No. of Shares 4,000	Class A	Series	par value \$1.00	
4,000	В		\$1.00	
EIGHTH: Number of S	hares issued:		Par Value or statement that shares are without	
No. of Shares	Class	Series	par value	
	A		\$1.00	
900 Dated January 16,	B 1992	Cedar Crest Nursing Cen	\$1.00 tre, Inc.	
		(Name of Corporation)	1:00	
		By Lank M	h.fp.Xp	
(Report must be signe	ed by an officer)	Title Presiden	I T	