



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

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 63793 2. Name of Corporation Cedar Crest Nursing Centre, Inc.
3. Street Address Principal Business Office 125 SCITUATE AVE City CRANSTON State RI Zip 02920
4. Business Phone No. (401) 944-8500 5. State of Incorporation RHODE ISLAND 6. SIC Code 9472
7. Brief Description of the Character of Business Conducted in Rhode Island
TO OWN, OPERATE, MANAGE AND INVEST IN NURSING HOMES

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

President Name Susan K. Whipple Street Address 125 Scituate Avenue City Cranston State RI Zip 02921	Vice President Name Thomas N. Whipple, III Street Address 125 Scituate Avenue City Cranston State RI Zip 02921
Secretary Name Susan M. Marandola Street Address 125 Scituate Avenue City Cranston State RI Zip 02921	Treasurer Name Susan K. Whipple Street Address 125 Scituate Avenue City Cranston State RI Zip 02921

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

Director Name None Street Address City State Zip	Director Name None Street Address City State Zip
Director Name None Street Address City State Zip	Director Name None Street Address City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

Number of Shares	Class/Series	Par Value
8,000	COMM	\$1.00 PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

Number of Shares	Class/Series	Par Value
100	Voting Common	\$1 Par Value
720	Non-Voting Com	\$1 Par Value

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



6 3 7 9 3

63793 DBC 01/05/05 04:48:12 PM

File Date 2/3/05
Check No. 29873
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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

[Signature] 1/26/05
Signature of Officer Date
Susan K. Whipple
Print or Type Name of Officer
President
Title of Officer

Form 630 12/01



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 IN BLACK)

1. Corporate ID No. 63793	2. Name of Corporation Cedar Crest Nursing Centre, Inc.		
3. Street Address Principal Business Office 125 SCITUATE AVE	City CRANSTON	State RI	Zip 02920
4. Business Phone No. (401) 944-8500	5. State of Incorporation RHODE ISLAND	6. SIC Code 9472	
7. Brief Description of the Character of Business Conducted in Rhode Island TO OWN, OPERATE, MANAGE AND INVEST IN NURSING HOMES			

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

President Name SUSAN K. WHIPPLE	Vice President Name THOMAS N. WHIPPLE, III				
Street Address 125 SCITUATE AVENUE	Street Address 125 SCITUATE AVENUE				
City CRANSTON	City CRANSTON	State RI	State RI	Zip 02921	Zip 02921
Secretary Name SUSAN M. MARANDOLA	Treasurer Name SUSAN K. WHIPPLE				
Street Address 125 SCITUATE AVENUE	Street Address 125 SCITUATE AVENUE				
City CRANSTON	City CRANSTON	State RI	State RI	Zip 02921	Zip 02921

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

Director Name NONE	Director Name NONE				
Street Address	Street Address				
City	City	State	State	Zip	Zip
Director Name NONE	Director Name NONE				
Street Address	Street Address				
City	City	State	State	Zip	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
8,000 COMM \$1.00 PAR VALUE			100	VOTING COMMON	\$1 PAR VALUE
			720	NON-VOTING COM	\$1 PAR VALUE

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



6 3 7 9 3

63793 DBC 01/09/04 10:15:01 AM

File Date 2/9/04

Check No. 275-88

By: KME

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.

Susan K. Whipple 1-26-04
Signature of Officer Date

Susan K. Whipple
Print or Type Name of Officer

President
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.
63793

2. Name of Corporation
Cedar Crest Nursing Centre, Inc.

3. Street Address Principal Business Office
125 SCITUATE AVE

City
CRANSTON

State
RI

Zip
02920

4. Business Phone No.
(401) 944-8500

5. State of Incorporation
RHODE ISLAND

6. SIC Code
9472

7. Brief Description of the Character of Business Conducted in Rhode Island
TO OWN, OPERATE, MANAGE AND INVEST IN NURSING HOMES

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

President Name
Susan K. Whipple

Vice President Name
Thomas N. Whipple, III

Street Address
125 Scituate Avenue

Street Address
125 Scituate Avenue

City
Cranston

State
RI

Zip
02921

City
Cranston

State
RI

Zip
02921

Secretary Name
Susan M. Marandola

Treasurer Name
Susan K. Whipple

Street Address
125 Scituate Avenue

Street Address
125 Scituate Avenue

City
Cranston

State
RI

Zip
02921

City
Cranston

State
RI

Zip
02921

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

Director Name
None

Director Name
None

Street Address

Street Address

City

City

State

State

Zip

Zip

Director Name
None

Director Name
None

Street Address

Street Address

City

City

State

State

Zip

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐


AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000 COMM \$1.00 PAR VALUE		

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Voting Common	\$1 Par Value
720	Non-Voting Com	\$1 Par Value

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




* 6 3 7 9 3 *

63793 DBC1/23/039:24:24 AM

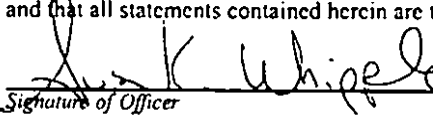
File Date
3-7-03

Check No.
25718

By: 

FOR SECRETARY OF STATE USE ONLY

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



3/4/03

Signature of Officer

Susan K. Whipple

Print or Type Name of Officer

President

Title of Officer

Form 630 12/01



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

Edward S. Innman, 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 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **63793** 2. Name of Corporation **Cedar Crest Nursing Centre, Inc.**

3. Street Address Principal Business Office
125 Scituate Avenue

City State Zip
Cranston RI 02921

4. Business Phone No. **(401) 944-8500** 5. State of Incorporation **RHODE ISLAND**

6. SIC Code
9472

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

To own, operate, manage and invest in nursing homes.

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

President Name
Susan K. Whipple
Street Address
125 Scituate Avenue
City State Zip
Cranston RI 02921

Vice President Name
Thomas N. Whipple, III
Street Address
125 Scituate Avenue
City State Zip
Cranston RI 02921

Secretary Name
Susan M. Marandola
Street Address
125 Scituate Avenue
City State Zip
Cranston RI 02921

Treasurer Name
Susan K. Whipple
Street Address
125 Scituate Avenue
City State Zip
Cranston RI 02921

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

Director Name
None
Street Address
None
City State Zip
None

Director Name
None
Street Address
None
City State Zip
None

Director Name
None
Street Address
None
City State Zip
None

Director Name
None
Street Address
None
City State Zip
None

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
8,000 COMM \$1.00 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
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



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FILED

File Date: **FEB 27 2002**

Check No.: **By 23373**

By: **u**

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer **Susan K. Whipple** Date **2/1/02**

Print or Type Name of Officer
Susan K. Whipple

Title of Officer
President

5



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

63793

2. Name of Corporation

Cedar Crest Nursing Centre, Inc.

3. Street Address Principal Business Office

125 Scituate Avenue

4. Business Phone No.

(401) 944-8500

5. State of Incorporation

RHODE ISLAND

City

Cranston

State

RI

Zip

02921

6. SIC Code

9472

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

To own, operate, manage and invest in nursing homes.

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Susan K. Whipple

Street Address

125 Scituate Avenue

City

State

Zip

Cranston

RI

02921

Secretary Name

Susan M. Marandola

Street Address

125 Scituate Avenue

City

State

Zip

Cranston

RI

02921

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

None

Street Address

City

State

Zip

Director Name

None

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 SHS COM \$1.00 PAR V

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

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.



* 6 3 7 9 3 *

FILED

File Date: FEB 14 2001

Check No: By CC2126

By: FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer

Date

Susan K. Whipple

Print or Type Name of Officer

President

Title of Officer



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **63793** 2. Name of Corporation **Cedar Crest Nursing Centre, Inc.**
3. Street Address Principal Business Office City State Zip
125 Scituate Avenue Cranston RI 02921
4. Business Phone No. 5. State of Incorporation 6. SIC Code
(401) 944-8500 RHODE ISLAND 9472

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

To own, operate, manage and invest in nursing homes

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

President Name Susan K. Whipple Street Address 125 Scituate Avenue City State Zip Cranston RI 02921	Vice President Name Thomas N. Whipple, III Street Address 125 Scituate Avenue City State Zip Cranston RI 02921
Secretary Name Deborah Marandola Susan M. Marandola Street Address 125 Scituate Avenue City State Zip Cranston RI 02921	Treasurer Name Susan K. Whipple Street Address 125 Scituate Avenue City State Zip Cranston RI 02921

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

Director Name None Street Address City State Zip 	Director Name None Street Address City State Zip
Director Name None Street Address City State Zip 	Director Name None Street Address City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
8,000 SHS COM \$1.00 PAR V		

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

ISSUED SHARES	Class/Series	Par Value
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



* 6 3 7 9 3 *

File Date: **2/29/00**
Check No.: **10905**
By: **CH669**

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.

Susan M. Marandola **2/23/00**
Signature of Officer Date
Susan M. Marandola
Print or Type Name of Officer
Secretary
Title of Officer



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

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 Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 63793		2. Name of Corporation Cedar Crest Nursing Centre, Inc.	
3. Street Address Principal Business Office 125 Scituate Avenue		City Cranston	State RI
4. Business Phone No. (401) 944-8500		5. State of Incorporation RHODE ISLAND	6. SIC Code 9472
7. Brief Description of the Character of Business Conducted in Rhode Island To own, operate, manage and invest in nursing homes			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Susan K. Whipple		Vice President Name Thomas N. Whipple, III	
Street Address 125 Scituate Avenue		Street Address 125 Scituate Avenue	
City Cranston	State RI	City Cranston	State RI
Zip 02921		Zip 02921	
Secretary Name Deborah Marandola		Treasurer Name Susan K. Whipple	
Street Address 125 Scituate Avenue		Street Address 125 Scituate Avenue	
City Cranston	State RI	City Cranston	State RI
Zip 02921		Zip 02921	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name None		Director Name None	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name None		Director Name None	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
8,000 SHS COM \$1.00 PAR V		120	Common
Par Value		Par Value	
		\$1.00 Par	

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



* 6 3 7 9 3 *

File Date: **2/23/99**
Check No.: **16540**
By: **91837**

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.

Susan K. Whipple **2/10/99**
Signature of Officer Date

Susan K. Whipple
Print or Type Name of Officer

C.E.O.
Title of Officer



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

63793

Cedar Crest Nursing Centre, Inc.

3. Street Address Principal Business Office

City

State

Zip

4. Business Phone No. 125 Scituate Avenue

5. State of Incorporation

Cranston

RI

02921

6. SIC Code

9472

(401) 944-8500

RHODE ISLAND

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

To own, operate, manage and invest in nursing homes

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

President Name

Susan K. Whipple

Street Address

125 Scituate Avenue

City

Cranston

State
RI

Zip
02921

Vice President Name

Thomas N. Whipple, III

Street Address

125 Scituate Avenue

City

Cranston

State
RI

Zip
02921

Secretary Name

Deborah Marandola

Street Address

125 Scituate Avenue

City

Cranston

State
RI

Zip
02921

Treasurer Name

Susan K. Whipple

Street Address

125 Scituate Avenue

City

Cranston

State
RI

Zip
02921

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

Director Name

None

Street Address

City

State

Zip

Director Name

None

Street Address

City

State

Zip

Director Name

None

Street Address

City

State

Zip

Director Name

None

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 SHS COM \$1.00 PAR V

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

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



* 6 3 7 9 3 *

File Date: 3/12/98

Check No: 14381

By: CC

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.

Susan K. Whipple 3/9/98
Signature of Officer Date

Susan K. Whipple
Print or Type Name of Officer

Owner
Title of Officer



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

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. 63793
2. Name of Corporation Cedar Crest Nursing Centre, Inc.
3. Street Address Principal Business Office 125 Scituate Avenue
City Cranston, State RI Zip 02921
4. Business Phone No. (401) 274-2000
5. State of Incorporation Rhode Island
6. SIC Code 9472
7. Brief Description of the Character of Business Conducted in Rhode Island
To own and operate a nursing home

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

President Name Susan K. Whipple
Street Address 125 Scituate Avenue
City Cranston State RI Zip 02921
Vice President Name Thomas N. Whipple, III
Street Address 125 Scituate Avenue
City Cranston State RI Zip 02921
Secretary Name Thomas N. Whipple, III
Street Address 125 Scituate Avenue
City Cranston State RI Zip 02921
Treasurer Name Lisa Perzelli
Street Address 125 Scituate Avenue
City Cranston State RI Zip 02921

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

Director Name None
Street Address
City State Zip
Director Name
Street Address
City State Zip
Director Name
Street Address
City State Zip

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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 signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Cedar Crest Nursing Centre, Inc.

File Date: 1/14/97

Check No. 12400

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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

[Signature] 3/31/97
Signature of Officer Date

Susan K. Whipple
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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 63793		2. NAME OF CORPORATION Cedar Crest Nursing Centre, Inc.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 125 Scituate Avenue		CITY Cranston,	STATE RI
4. BUSINESS PHONE NO. (401) 274-2000		5. STATE OF INCORPORATION Rhode Island	6. SIC CODE 9472
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND To own and operate a nursing home			
8. NAMES AND ADDRESSES OF THE OFFICERS			
PRESIDENT NAME Susan K. Whipple		VICE PRESIDENT NAME Thomas N. Whipple, III	
STREET ADDRESS 125 Scituate Avenue		STREET ADDRESS 125 Scituate Avenue	
CITY Cranston	STATE RI	CITY Cranston	STATE RI
SECRETARY NAME Thomas N. Whipple, III		TREASURER NAME Lisa Pezzelli	
STREET ADDRESS 125 Scituate Avenue		STREET ADDRESS 125 Scituate Avenue	
CITY Cranston	STATE RI	CITY Cranston	STATE RI
9. NAMES AND ADDRESSES OF THE DIRECTORS			
DIRECTOR NAME None		DIRECTOR NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	CITY	STATE
DIRECTOR NAME		DIRECTOR NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	CITY	STATE
10. SHARES AUTHORIZED AND ISSUED			
AUTHORIZED SHARES			ISSUED SHARES
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES
4000.00	A-Voting	1.00	100.00
4000.00	B-Non Vote	1.00	900.00

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

Cedar Crest Nursing Centre, Inc.

File Date:

3/15/96

Check No:

9947

By:

JB

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

2/27/96

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

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

Annual Report for the year: 1995

Name of Corporation: Cedar Crest Nursing Centre, Inc.

Business entity organized under the laws of the State of: Rhode Island

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

Business Entity is (check one):

☒ Business Corporation (See RIGL Chapter 7-1.1)☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ()

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

To own and operate a nursing home

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

125 Scituate Avenue

Cranston, RI 02920

Phone: () (401) 274-2000

THE NAMES OF THE OFFICERS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT Susan K. Whipple	125 Scituate Ave., Cranston,	RI 02920	
VICE PRESIDENT Paul M. Pezzelli	125 Scituate Ave., Cranston,	RI 02920	
SECRETARY Thomas N. Whipple, III	125 Scituate Ave., Cranston,	RI 02920	
TREASURER Lisa Pezzelli	125 Scituate Ave., Cranston,	RI 02920	

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
None			

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class / Series
4000.00	A-Voting
4000.00	B-Non Vote

Number of Shares	Class / Series
100.00	A-Voting
900.00	B-Non Vote

Date: Feb 22, 1995

Cedar Crest Nursing Centre, Inc.

By: Susan K. Whipple

Susan K. Whipple

PRINT OR TYPE NAME OF OFFICER SIGNING

OWNER

TITLE OF OFFICER SIGNING

Form 31 1/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

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

FILED

MAR 1 1995

By CC 7469

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

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

Corporate ID: 63793 Annual Report for the year 1994

Name of Business Entity: Cedar Crest Nursing Centre, Inc.

Business entity organized under the Laws of the State of Rhode Island

Federal Taxpayer Identification Number _____

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

Phone (____) _____

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

125 Scituate Avenue
Cranston, RI 02920

Phone (____) (401) 274-2000

Business Entity is (check one):

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

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

Susan K. Whipple, President
125 Scituate Avenue
Cranston, RI 02920

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

To own and operate a nursing home

Date of Organization 03/29/91

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

THE NAMES OF THE OFFICERS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER <input checked="" type="checkbox"/> PRESIDENT <u>Susan K. Whipple</u>	<u>125 Scituate Ave., Cran., RI</u>	<u>02920</u>	<u></u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER <input checked="" type="checkbox"/> VICE PRESIDENT <u>Paul M. Pazzelli</u>	<u>125 Scituate Ave., Cran., RI</u>	<u>02920</u>	<u></u>
<input type="checkbox"/> TOLSON OF RECORDS <input checked="" type="checkbox"/> SECRETARY <u>Thomas N. Whipple, III</u>	<u>125 Scituate Ave., Cran., RI</u>	<u>02920</u>	<u></u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER <input checked="" type="checkbox"/> TREASURER <u>Lisa Pezzelli</u>	<u>125 Scituate Ave., Cran., RI</u>	<u>02920</u>	<u></u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>None</u>			
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable):

NUMBER 4000.00 4000.00 0.00

CLASS A-Voting B-Non Vote

SERIES

PAR VALUE OR
WITHOUT PAR 1.00

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable):

NUMBER 0.00 0.00 0.00

CLASS

SERIES

PAR VALUE OR
WITHOUT PAR

Date Mar 10 1994

FILED

MAR 15 1994

By op Cheek # 5733

By Susan K. Whipple

PRINT OR TYPE NAME OF OFFICER SIGNING

TITLE OF OFFICER SIGNING Administrator

Form 31 1/94

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

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

Goulet, G.

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 63793

Annual Report for the year 1993

FIRST: The name of the corporation is Cedar Crest Nursing Centre, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is To own and operate a nursing home

FOURTH: If foreign corporation, address of its principal office.

FIFTH: Business address in Rhode Island

125 Scituate Avenue Cranston RI 02920

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

None

Director

Director

Director

Susan K. Whipple

President

125 Scituate Ave., Cran., RI 02920

Paul M. Pazzelli

Vice President

125 Scituate Ave., Cran., RI 02920

Thomas N. Whipple, III

Secretary

125 Scituate Ave., Cran., RI 02920

Lisa Pezzelli

Treasurer

125 Scituate Ave., Cran., RI 02920

SEVENTH: Number of Shares authorized:

No. of Shares

4000

Class

A-Voting

Series

4000

B-Non vote

Par Value
or statement that
shares are without
par value

1.00

1.00

EIGHTH: Number of Shares issued:

No. of Shares

100

Class

A-Voting

Series

900

B-Non vote

Par Value
or statement that
shares are without
par value

1.00

1.00

Dated Jan 25 1993

Cedar Crest Nursing Centre, Inc.

(Name of Corporation)

By

Susan K. Whipple

Title

President

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0063793

Annual Report for the year 1992

FIRST: The name of the corporation is

CC Acquisition Corp
Cedar Crest Nursing Centre, Inc.

SECOND: It is incorporated under the laws of Rhode Island

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

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 125 Scituate Avenue, Cranston, RI 02920

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

Susan K. Whipple

President

125 Scituate Avenue, Cranston, RI 02920

Paul M. Pezzelli

Vice President

125 Scituate Avenue, Cranston, RI 02920

Thomas N. Whipple, III

Secretary

125 Scituate Avenue, Cranston, RI 02920

Lisa Pezzelli

Treasurer

125 Scituate Avenue, Cranston, RI 02920

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

4,000

A

\$1.00

4,000

B

\$1.00

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

100

A

\$1.00

900

B

\$1.00

Dated January 16, 1992

Cedar Crest Nursing Centre, Inc.

(Name of Corporation)

By

Susan K. Whipple

(Report must be signed by an officer)

Title

President