



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

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007**

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 130309		2. Exact name of the limited liability company HAVEN HEALTH CENTER OF GREENVILLE, LLC					
3. State of Formation CONNECTICUT		4. Brief description of the character of the business which is actually conducted in Rhode Island OWN AND OPERATE NURSING HOMES					
5. Principal office address 245 LONG HILL ROAD				City MIDDLETOWN	State CT	Zip 06457	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:							
Contact Name PHILLIP F KARPEL				Contact Title			
Street Address 245 LONG HILL ROAD				City MIDDLETOWN	State CT	Zip 06457	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Manager Name NONE				Manager Name			
Street Address				Street Address			
City	State	Zip	City	State	Zip		
Manager Name				Manager Name			
Street Address				Street Address			
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11							
Agent Name HINCKLEY, ALLEN & SNYDER LLP				Address			
Address 50 Kennedy Plaza, Ste. 1500				City PROVIDENCE	Zip 02903		

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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

130309

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]* 8/14/2007

Signature of Authorized Person \_\_\_\_\_ Date \_\_\_\_\_  
 Raymond S. Termini  
 Print or Type Name of Authorized Person

<b>FILED</b>	
File Date	AUG 21 2007
Check No.	BY 0347231:35
By:	
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