



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. 130773		2. Exact name of the limited liability company HAVEN HEALTH CENTER OF PAWTUCKET, 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 - DO NOT LIST MEMBERS 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		

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2007 AUG 21 PM 1:36

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

130773

FILED

File Date AUG 21 2007

Check No. By Dr 034723

By: 1:35

FOR SECRETARY OF STATE USE ONLY

8/21/07

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