

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 2008

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

I. ID No.	1	2. Exact name of the limited liability company							
137161	Evergr	Evergreen House Real Estate Investors, LLC							
3. State of Formation	Ţ	4. Brief description	of the character of the b	usiness which is actually conducted in R	bode Island				
DE Own, operate and/or manage healtl			chcare facility						
5. Principal office address				Cuy	State		Zip		
3570 Keith Street, NW				Cleveland	TN		37312		
	DRESS OF LI	MITED LIABIL	ITY COMPANY ANI	D NAME OR TITLE OF CONTAC	CT PERSON:		•		
Contact Name				Contact Title	Contact Title				
Joan E. Thurm	ona								
Street Address				City	State		Zip		
3570 Keith Street, NW				Cleveland	TN		37312		
Manager Name				Manager Name		· .			
Street Address				Street Address					
				Serves Martess					
		State	Zip	City	State		Zip		
City		State	Zip		State		200 C		
City Manager Name		State	Zip	City Manager Name	State		2009 FE		
City Manager Name		State	Zip	City	State		SECRE CORP 2009 FEB -		
City Manager Name Street Address		State State	Zip Zip	City Manager Name	State State		2019 FEB -6 29		
City  City  City		State	Zip	City  Manager Name  Street Address  City	State	.6-11	CORP CANTONS		
City  Manager Name  Street Address  City  S. RESIDENT AG		State	Zip	City Manager Name Street Address	State	6-11	2009 FEB -6 & AM		
City  Manager Name  Street Address  City  B. RESIDENT AG  Agent Name	ENT IN RHO	State	Zip	City  Manager Name  Street Address  City  Changes require filing of Form	State	6-11	CORP CANTONS		
City  Manager Name  Street Address  City	ENT IN RHO	State	Zip	City  Manager Name  Street Address  City  Changes require filing of Form	State	6-11	ZODO FEB - 8 & AM 9: 1		

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FEB 26 2009

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (BY 137161

-		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.
File Date		Evergreen House Real Estate Investors, LLC By: Life Care Centers of America, Inc., corporate manager
Check No.	SOUTHER SE AM 9:	By: SIMA JUMMON Signiflure of Authorized Person Date
By:	0 880 TARUS	Joan E. Thurmond
FOR SECRETARY OF STATE USE ONLY (	Section 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1	- Print or Type Name of Authorized Person

Form 632 Rev. 07/07