



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 2009

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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)(7)) is subject to a penalty fee of \$25.00.

1. ID No. 000160335		2. Exact name of the limited liability company Benchmark GPT LLC			
3. State of Formation Delaware		4. Brief description of the character of the business which is actually conducted in Rhode Island Assisted Living Community			
5. Principal office address 40 William St Suite 350		City Wellesley	State MA	Zip 02481	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Liz Burgoyne			Contact Title Manager of Legal Services		
Street Address 40 William St Suite 350		City Wellesley	State MA	Zip 02481	
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 Alison B. Carnduff			Manager Name Thomas H. Grape		
Street Address 40 William St Suite 350		Street Address 40 William St Suite 350			
City Wellesley	State MA	Zip 02481	City Wellesley	State MA	Zip 02581
Manager Name Lisa B. Burgess			Manager Name		
Street Address 40 William St Suite 350		Street Address			
City Wellesley	State MA	Zip 02481	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

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

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SECRETARY OF STATE
CORPORATIONS DIV
2009 DEC 16 AM 10:56

000160335
FILED

DEC 16 2009

File Date

By

Check No.

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 Authorized Person Alison B. Carnduff Date 12/15/09

Alison B. Carnduff

Print or Type Name of Authorized Person