



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

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*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.*

**ANNUAL REPORT YEAR:** 2010

**1. ID No.** 000096570

**2. Exact Name of the Limited Liability Company** Benchmark Assisted Living LLC

**3. State of Formation**

State: DE

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

The business of the Foreign Limited Liability Company shall be, directly or indirectly, to invest in, own, manage, operate, acquire, develop, improve, sell and otherwise deal with assisted living facilities, independent living facilities, facilities for the cognitively or memory impaired, skilled nursing facilities and other health care related business principally providing residential facilities and related services for elderly and disabled persons.

**5. Principal Office Address**

No. and Street: 40 WILLIAM STREET STE. 350

City or Town: WELLESLEY

State: MA Zip: 02481 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: ATTN: ACCOUNTING Contact Title:

No. and Street: 40 WILLIAM ST - STE 350

City or Town: WELLESLEY

State: MA Zip: 02481 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
MANAGER	ANDREA TEICHMAN	40 WILLIAM ST. STE 350 WELLESLEY, MA 02481 USA
MANAGER	THOMAS GRAPE	40 WILLIAM ST. STE. 350 WELLESLEY, MA 02481- USA
MANAGER	LISA BURGESS	40 WILLIAM ST. STE 350 WELLESLEY, MA 02481 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 155 SOUTH MAIN STREET, SUITE 301 PROVIDENCE , RI 02903

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

**Signed this 9 Day of September, 2010 at 9:49:58 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By THOMAS H. GRAPE  
Signature of Authorized Person

Form No. 632  
Revised 09/07