Office of the Secretary of State         Division Of Business Services         148 W. River Street         Providence RI 02904-2615         (401) 222-3040    Imited Liability Company 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.						
148 W. River Street Providence RI 02904-2615 (401) 222-3040         Climited Liability Company Annual Report Pling Period: September 1 - November 1         In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to fle its annual report within thirty (20) 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: 2011         1. ID No.       000131086         2. Exact Name of the Limited Liability Company Forest Farm Health Care Center I, LLC         3. State of Formation State: RI         State: RI         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island NURSING HOME         5. Principal Office Address         No. and Street:       193 FOREST AVENUE City or Town:         MIDDLETOWN       State: RI       zip: 02842       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Title: No. and Street:       193 FOREST AVENUE City or Town:         A ddress of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS         Title       Individual Name First, Middle, Last, Suffix         Address. City or Town, State: Zip Code, Country:         Address. City or Town, State, Zip Code, Country	RALPH MOL				<b>NS</b> Fee: \$50.00	
Providence RI 02904-2615 (401) 222-3040         Limited Liability Company Annual Report         Film Period: September 1 - November 1         In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to lite its annual report with with v(20) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a ponalty fee of \$25.00.         ANNUAL REPORT YEAR: 2011         1. ID No.       000131086         2. Exact Name of the Limited Liability Company Forest Farm Health Care Center I, LLC         3. State of Formation         State: RI         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         NURSING HOME         5. Principal Office Address         No. and Street:       193 FOREST AVENUE City or Town:         MIDDLETOWN       State: RI         A. Bailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       KARL LYON Contact Title: No. and Street:         No. and Street:       193 FOREST AVENUE City or Town:       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS         Title       Individual Name First, Middle, Last, Suffix       Address, City or Town, Bate, Zip Code, Country: Mode, Cauntry         8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER       Address				vices		
(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 lie 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: 2011         1. ID No.       000131086         2. Exact Name of the Limited Liability Company Forest Farm Health Care Center I, LLC         3. State of Formation         State: RI         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         NURSING HOME         5. Principal Office Address         No. and Street:       193 FOREST AVENUE City or Town:         MIDDLETOWN       State: RI         Contact Name:       KARLLYON Contact Title: No. and Street:       193 FOREST AVENUE City or Town:         Contact Name:       KARLLYON Contact Title: No. and Street:       193 FOREST AVENUE City or Town:         Contact Name:       KARLLYON Contact Title: No. and Street:       193 FOREST AVENUE City or Town:         Contact Name:       KARL LYON Contact Title: No. and Street:       193 FOREST AVENUE City or Town:         Title       Individual Name First. Middle, Last. Suffix       Address. Address, City or Town, State. Zip Code, Country         Statesitie						
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 ite 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 tee of \$25.00. ANNUAL REPORT YEAR: 2011 1. ID No. 000131086 2. Exact Name of the Limited Liability Company Forest Farm Health Care Center I, LLC 3. State of Formation State: RI 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island NURSING HOME 5. Principal Office Address No. and Street: 193 FOREST AVENUE City or Town: MIDDLETOWN State: RI Zip: 02842 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: KARLLYON Contact Title: No. and Street: 193 FOREST AVENUE City or Town: MIDDLETOWN State: RI Zip: 02842 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name Address, City or Town, State, Zip Code, Country 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER	(401) 202 2040					
Annual Report         "ling Period: September 1 - November 1         in accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to ile 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: 2011         1. ID No.       000131086         2. Exact Name of the Limited Liability Company Forest Farm Health Care Center I, LLC         3. State of Formation         State: RI         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         NURSING HOME         5. Principal Office Address         No. and Street:       193 FOREST AVENUE         City or Town:       MIDDLETOWN         State: RI       2. Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       KARL LYON Contact Title:         No. and Street:       193 FOREST AVENUE         City or Town:       MIDDLETOWN         State: RI       Zip: 02842       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.       DO NOT LIST MEMBERS         Title       Individual Name       Address         Address, City or Town, State, Zip Code, Country       State; Zip Code, Country	cary of	(101)	222-30-0			
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City or Town:       MIDDLETOWN       State: RI       Zip: 02842       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.       DO NOT LIST MEMBERS       Address         Title       Individual Name       Address       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER						
Title       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER				⇒ 02042		
DO NOT LIST MEMBERS       Individual Name       Address         Title       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER	City or Town: <u>MIII</u>	<u>JDLETOWN</u>	State: <u>RI</u>	Zip: <u>02842</u>	Country: <u>USA</u>	
First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER			ed Liability	Company, if App	licable.	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER	Title	Individual Name		Add	ress	
		First, Middle, Last, Suffix	A	ddress, City or Town, S	State, Zip Code, Country	
KARL H. LYON, JR. 201 FOREST AVENUE MIDDLETOWN , RI 02842-	<u>KARL H. LYON, JR. 201</u>	FOREST AVENUE MIDDLE	<u>TOWN</u> , <u>RI 02</u>	2842-		

**Signed this 1 Day of September, 2011 at 12:23:59 PM 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 <u>KARL H LYON, JR.</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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