



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 2011

**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 (R.I.G.L. 7-16-66 (b)(7)) is subject to a penalty fee of \$25.00.

1. ID No. 162865		2. Exact name of the limited liability company Century Park Associates, LLC	
3. State of Formation Delaware		4. Brief description of the character of the business which is actually conducted in Rhode Island Own, operate and/or manage assisted living and retirement facilities	
5. Principal office address 3570 Keith Street, NW		City Cleveland	State TN
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Debbie Sampley		Contact Title Corporate Coordinator	
Street Address 3570 Keith Street, NW		City Cleveland	State TN
		Zip 37312	
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 checked="" type="checkbox"/>			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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).

162865

FILED

OCT 05 2011

By 153574

DS

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: Joan E. Thurmond Date: 9/9/11

Joan E. Thurmond, Assistant Secretary

Print or Type Name of Authorized Person

File Date	
Check No.	
By:	
FOR SECRETARY OF STATE USE ONLY	

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