



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: 2012

1. ID No. 000488029

2. Exact Name of the Limited Liability Company Greene Acres Health Center, LLC

3. State of Formation

State: RI

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

Own and operate a skilled nursing facility

5. Principal Office Address

No. and Street: 2052 PLAINFIELD PIKE

City or Town: GREENE State: RI Zip: 02827 Country: USA

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

Contact Name: TERRY A CARRAGHER Contact Title: MANAGER

No. and Street: 359 BROAD ST

City or Town: PROVIDENCE State: RI Zip: 02907 Country: USA

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

| Title   | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|---------|--|--|
| MANAGER | KEVIN S RYAN                                   | 174 VARNUM AVE<br>PAWTUCKET, RI 02860 USA                  |
| MANAGER | TERRY A CARRAGHER                              | 232 BROADWAY<br>PROVIDENCE, RI 02903 USA                   |
| MANAGER | DAVID M RYAN                                   | 101 MELROSE AVE<br>JAMESTOWN, RI 02835 USA                 |
| MANAGER | SALLY J RYAN                                   | 101 MELROSE AVE<br>JAMESTOWN, RI 02835 USA                 |

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

TERRY A. CARRAGHER 359 BROAD STREET PROVIDENCE , RI 02907

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

**Signed this 17 Day of October, 2012 at 1:37:24 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 TERRY A CARRAGHER  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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