RALPH MOIL	State of Rhode Island and Pr Office of the Secret		Fee: \$50.00		
upecietary of State	Division Of Busines 148 W. River Providence RI 029 (401) 222-3	Street 904-2615			
Business Corporat Annual Report Filing Period: January 1					
	6.L. 7-1.2-1501(e), each corporation fai / (30) days after the time prescribed by nalty fee of \$25.00.				
ANNUAL REPORT YEA	NR: <u>2013</u>				
1. Corporate ID No.	000126095				
2. Name of Corporation Brentwood Health Center, Ltd.					
3. Street Address Prin	cipal Business Office:				
	4000 POST ROAD WARWICK State: 1	<u>RI</u> Zip: <u>02886</u> Countr	ry: <u>USA</u>		
4. Business Phone No					
5. State of Incorporati	on				
State: <u>RI</u>					
6. Brief Description of	the Character of Business Conduct	ed in Rhode Island			
	I, OPERATE AND MANAGE A SI IDING CONVALESCENT, REHA				
7. Names and Address	ses of the Officers and Directors:				
	ectors must be listed. If officers and longer applicable; please delete.	I/or directors have been electe	ed, the title		
Title	Individual Name	Address			
TREASURER	First, Middle, Last, Suffix RICHARD J MIGA JR	Address, City or Town, State, Zip 4000 POST RO	AD		
SECRETARY	RICHARD J MIGA JR	WARWICK, RI 02886 L 4000 POST RO			
PRESIDENT	RICHARD J MIGA JR.	WARWICK, RI 02886 L			

4000 POST ROAD WARWICK, RI 02886- USA

DIRECTOR	RICHARD J MIGA		4000 POST ROAD WARWICK, RI 02886 USA				
8. Shares Authorized and Issued							
Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding <i>Num of</i> <i>Shares</i>			
CNP		\$0.0000	4,000.00	100			
 Signed this 25 Day of January, 2013 at 1:14:44 PM. 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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2. By <u>RICHARD J. MIGA, JR.</u> 							
Signature of Authorized Re <u>MEMBER</u> Title This report cannot be acc	-	-	the form and he/s	she is not			
Form No. 630 Revised 09/07							
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