



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

| | | | | | |
|--|-------|---|--|--------------------|---------------------|
| 1. Entity ID No. 697221 | | 2. Exact name of the Corporation Blackstone Rehabilitation Hospital, Inc. | | | |
| 3. Principal office address 500 Boylston Street, 5th Floor | | | City Boston | State MA | Zip 02116 |
| 4. Business Phone No. 617-419-4700 | | 5. State of Incorporation Delaware | | | |
| 6. Brief description of the character of business conducted in Rhode Island health care services | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> | | | | | |
| President Name See Exhibit A. | | | Vice-President Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> | | | | | |
| Director Name See Exhibit B. | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| | | | 100 | Common | \$0.01 |

2014 FEB 26 PM 1:55
 DEPARTMENT OF STATE
 CORPORATIONS DIV.

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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

FILED

FEB 26 2014

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 Representative: *[Signature]* Date: 2/26/2014
 Print or Type Name of Authorized Representative: **Joseph E. Prancer, Jr., Esq.**

697221

EXHIBIT A

BLACKSTONE REHABILITATION HOSPITAL, INC.
OFFICERS LIST

| NAME | TITLE | ADDRESS |
|----------------------------|-----------|---|
| Ralph de la Torre, MD | President | 500 Boylston Street Boston, MA 02116 |
| Mark Rich | Treasurer | 500 Boylston Street Boston, MA 02116 |
| Joseph C. Maher, Jr., Esq. | Secretary | 500 Boylston Street Boston, MA 02116 |

697221

EXHIBIT B

**BLACKSTONE REHABILITATION HOSPITAL, INC.
BOARD OF DIRECTORS**

| NAME | ADDRESS |
|-----------------------|---|
| Ralph de la Torre, MD | 500 Boylston Street Boston, MA 02116 |
| Michael Callum, MD | 500 Boylston Street Boston, MA 02116 |
| Mark Rich | 500 Boylston Street Boston, MA 02116 |