RI SOS Filing Number: 201446093010 Date: 09/16/2014 7:17 PM

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: 2014

1. ID No. 000509053

2. Exact Name of the Limited Liability Company A M & R LLC

3. State of Formation

State: RI

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

HEALTHCARE

5. Principal Office Address

No. and Street: 279 TWIN RIVER ROAD
City or Town: LINCOLN State: RI Zip: 02865 Country: USA

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

Contact Name: Contact Title:
No. and Street: 279 TWIN RIVER ROAD
City or Town: LINCOLN State: RI Zip: 02865 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 Address, City or Town, State, Zip Code, Country
MANAGER	NICOLE ADAMS	279 TWIN RIVER ROAD LINCOLN, RI 02865 USA
MANAGER	KEITH G MABRAY MR.	25 CHESTNUT HILL SEEKONK, MA 02771 USA
MANAGER	KAREN A ADAMS MS.	14900 LONDON LANE BOWIE, MD 20715 USA
MANAGER	TONI E ROBERTS MS	130 BEVERAGE HILL AVE PAWTUCKET, RI 02860 USA

0-8690-0

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

NICOLE ADAMS 279 TWIN RIVER ROAD LINCOLN , RI 02865

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

Signed this 16 Day of September, 2014 at 7:20:34 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 NICOLE M. ADAMS
Signature of Authorized Person

Form No. 632
Revised 09/07