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: 2015

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: Contact Title:
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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	KEVIN S RYAN	174 VARNUM AVE PAWTUCKET, RI 02860 USA
MANAGER	TERRY A CARRAGHER	232 BROADWAY PROVIDENCE, RI 02903 USA
MANAGER	DAVID M RYAN	101 MELROSE AVE JAMESTOWN, RI 02835 USA
MANAGER	SALLY J RYAN	101 MELROSE AVE 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 21 Day of September, 2015 at 4:03:08 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

© 2007 - 2015 State of Rhode Island and Providence Plantations
All Rights Reserved