



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000791741		2. Exact name of the limited liability company Master Lease Master Tenant, LLC			
3. State of Formation TN		4. Brief description of the character of business conducted in Rhode Island Master Tenant of Skilled Nursing Facility			
5. Principal office address 3570 Keith Street, NW		City Cleveland	State TN	Zip 37312	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Joan E. Thurmond		Contact Title Assistant Secretary			
Street Address 3570 Keith Street, NW		City Cleveland	State TN	Zip 37312	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Developers Investment Company II, Inc., corporate mgr		Manager Name			
Street Address 3570 Keith Street, NW		Street Address			
City Cleveland	State TN	Zip 37312	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

File Date _____

BY

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12436

Check No _____

By: _____

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.

Joan E. Thurmond 10/15/15
Signature of Authorized Person Date

Joan E. Thurmond, Assistant Secretary

Print or Type Name of Authorized Person

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