



**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. 000096570

2. Exact Name of the Limited Liability Company Benchmark Assisted Living LLC

3. State of Formation

State: DE

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

Directly or indirectly, to invest in, own, manage, operate, acquire, develop, improve, sell and otherwise deal with assisted living facilities, independent living Facilities, facilities for the cognitively or memory impaired, skilled nursing facilities and other health care related business principally providing residential facilities and related services for elderly and disabled persons.

5. Principal Office Address

No. and Street: 40 WILLIAM STREET
SUITE 350

City or Town: WELLESLEY State: MA Zip: 02481 Country: USA

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

Contact Name: Contact Title:
No. and Street: 40 WILLIAM STREET
SUITE 350

City or Town: WELLESLEY State: MA Zip: 02481 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	THOMAS H GRAPE	40 WILLIAM STREET, SUITE 350 WELLESLEY, MA 02481 USA
MANAGER	STEPHANIE HANDELSON	40 WILLIAM STREET, SUITE 350 WELLESLEY, MA 02481 USA

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

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI
02888

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

Signed this 27 Day of October, 2015 at 11:51:57 AM 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 THOMAS H GRAPE
Signature of Authorized Person

Form No. 632
Revised 09/07

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