



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. 000858891

2. Exact Name of the Limited Liability Company CLP Cranston RI Senior Living, LLC

3. State of Formation

State: DE

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

acquiring, owning, leasing, contracting for the management of, licensing, holding, transferring, assigning, financing, operating, managing, etc., the memory care facility located at 55 Oaklawn Avenue, Cranston, RI including all buildings, improvements, furniture, fixtures, equipment, etc.

5. Principal Office Address

No. and Street: 160 GREENTREE DRIVE, SUITE 1

City or Town: DOVER

State: DE Zip: 19904 Country: USA

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

Contact Name: ATTN: AMY PATTERSON Contact Title: ASSISTANT SECRETARY

No. and Street: 450 S. ORANGE AVENUE

SUITE 300

City or Town: ORLANDO

State: FL Zip: 32828 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	STEPHEN H. MAULDIN	450 S. ORANGE AVENUE ORLANDO, FL 32801 USA
MANAGER	HOLLY J GREER	450 S. ORANGE AVENUE ORLANDO, FL 32801 USA
MANAGER	TAMMY TIPTON	450 S. ORANGE AVENUE ORLANDO, FL 32801 USA

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

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

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 4:02:57 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 HOLLY J. GREER
Signature of Authorized Person

Form No. 632
Revised 09/07

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