



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 697221		2. Exact name of the Corporation Blackstone Rehabilitation Hospital, Inc.		
3. Principal office address 500 Boylston Street, 5th Floor		City Boston	State MA	Zip 02116
4. Business Phone No. 617-419-4700		5. State of Incorporation Delaware		
6. Brief description of the character of business conducted in Rhode Island Health Care Services				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
President Name See Exhibit A		Vice-President Name		
Street Address		Street Address		
City	State	Zip	City	State
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
Director Name See Exhibit B		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		100	Common	\$0.01

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 SECRETARY OF STATE
 CORPORATIONS DIV
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This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____
 Check No _____
 By: _____

FILED

JAN 04 2016

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.

Signature of Authorized Representative _____ Date 12-29-15
 Print or Type Name of Authorized Representative Joseph P. Maher, Jr., Esq.
Secretary

BY On 2/6/573

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Exhibit A

Blackstone Rehabilitation Hospital, Inc.

Officers List

NAME	TITLE	ADDRESS
Ralph de la Torre, MD	President	500 Boylston Street, Boston, MA 02116
Mark Rich	Treasurer	500 Boylston Street, Boston, MA 02116
Joseph C. Maher, Jr., Esq.	Secretary	500 Boylston Street, Boston, MA 02116

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Exhibit B

Blackstone Rehabilitation Hospital, Inc.

Board of Directors

NAME	ADDRESS
Ralph de la Torre, MD	500 Boylston Street, Boston, MA 02116
Michael Callum, MD	500 Boylston Street, Boston, MA 02116
Mark Rich	500 Boylston Street, Boston, MA 02116