

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 109500

Annual Report for the year 2000

1. The name of the limited liability company is:

Rhode Island Assisted Living Management, LLC

2. The address of the principal office of the limited liability company is:

670 NORTH MAIN STREET, PROVIDENCE, RI 02904

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: PAUL S. DAVENPORT

DAVENPORT ASSOCIATES, LTD. 670 NORTH MAIN STREET PROVIDENCE RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 670 North Main Street

Providence, RI 02904 Paul S Davenport, member

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Management of Assisted Living Facility

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Paul S Davenport

670 North Main St, providence, RI 02904

Robert S Gersh Koff

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Ivette R Fantasia

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Dated 11/30/00



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.

Rhode Island Assisted Living Management, LLC
Exact Name of Limited Liability Company

FOR SECRETARY OF STATE USE ONLY

File Date:

12/13

Check No.:

1813

By:

IC

By

Ivette R. Fantasia

Manager

Title

Form No. 632
Revised 01/99