State of Rhode Island and Providence Plantations Department of State - Business Services Division	
Annual Report for the year: 2016 Limited Liability Company	
→ Filing period: September 1 - November 1	

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 2. Exact name of the Limited Liability Company 000582614 Waterview RI Landlord LLC 3. State of Formation 4. Brief description of the character of business conducted in Rhode Island RI To own and lease a nursing home located in the City of East Providence, Rhode Island and related activities. 5. Principal Office Address State Zip 1275 South Broadway RI **East Providence** 02914 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Title Manager Contact Name Lawrence G. Santilli Street Address 135 South Road State CT City Farmington Zip 06032 7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Lawrence G. Santilli Manager Name Street Address 135 South Road Street Address City Farmington State CT City State Zip ^{Zip} 06032 Manager Name Manager Name Street Address Street Address City State Zip City State Zip Check the box to indicate an attachment 8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 642. 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. Name of Authorized Person Lawrence G. Santilli Signature of Authorized Person SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED SEP 0 6 2016 \015 DS