




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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CORPORATIONS DIV
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Annual Report for the year: 2016
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 1658861		2. Exact name of the Limited Liability Company REHAB WITH ME, LLC			
3. NAICS Code 61		4. Brief description of the character of business conducted in Rhode Island Real ESTATE Investments, Training, MARKETING			
5. State of Formation RI					
6. Principal Office Address 780 Reservoir Ave #148		City Cranston		State RI	Zip 02910
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Gerald A Price Jr		Contact Title Manager			
Street Address 780 Reservoir Ave #148		City Cranston		State RI	Zip 02910
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Gerald A Price Jr		Manager Name			
Street Address 780 Reservoir Ave #148		Street Address			
City Cranston	State RI	Zip 02910	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with 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 Gerald A Price Jr				Date 9-9-16	
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

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By 283213