(I)	State of Department

of Rhode Island and Providence Plantations

artment of State - Business Services Division

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	2 Evact name	of the Limited Lie	shility Commons				
001335252	2. Exact name of the Limited Liability Company						
001335252	Sensible Development, LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
62 - Health Care and Social Ass	Occupational therapy						
5. State of Formation							
Rhode Island							
6. Principal Office Address			City	State	Zip		
10 River Meadow Drive			Hope Valley	RI	02832		
7. Mailing Address of Limited Lia	bility Company a	and Name or Title					
Contact Name Amy Marcille			Contact Title Operating Manager				
Street Address 10 River Meadow Drive		City Hope Valley	State RI	^{Zip} 02832			
8. List ALL managers (names an	d addresses) of	the Limited Liabi	lity Company, IF APPLICAB	LE - DO NOT LIST W	EMBERS		
			Manager Name				
Street Address			Street Address				
City	Str	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Check the box to indicate an attachment							
9. Resident Agent in Rhode Island	d. This information	n is currently of reco	ord with the Department of Stat	e. Changes require filing	Form 642.		
Under penalty of perjury, I decl statements, and that all statem	are and affirm a	that I have exam herein are true	ined this report, including and correct.	any accompanying	schedules and		
Name of Authorized Person Date							
Amy Marcille 9 12 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 SEP 2 1 2016