STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, *Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • ***Filing Fee: $50.00***

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liability company
93702	Wyndemere Woods, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	INDEPENDENT/ASSISTED LIVING

5. Principal office address	City	State	Zip
1044 MENDON ROAD	WOONSOCKET	RI	02895

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
DIANE BACHAND	ADMINISTRATOR

Street Address	City	State	Zip
1044 MENDON ROAD	WOONSOCKET	RI	02895

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS ***("X" BOX FOR ATTACHMENT)*** ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
RAYMOND ROY	56 LANCASTER ROAD	BLOOMFIELD	CT	06002
JEANNE GUERIN	11 HARRIS ROAD	AVON	CT	06001
DONALD ROY	11 TARIFFVILLE ROAD	BLOOMFIELD	CT	06002

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
ROBERT E. HORTON, JR.	30 SAYLES HILL ROAD	MANVILLE	02838

This report must be ***signed in ink*** *by an authorized person pursuant to R.I.G.L. 7-16-66.*

[redacted] [redacted]

File Date 9/19/05 *93702*

Check No. 1772

By: AD

FOR SECRETARY OF STATE USE ONLY

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.

Robert E. Horton, Jr. 9-8-05
Signature of Authorized Person *Date*

[redacted]

ROBERT E. HORTON, JR.
Print or Type Name of Authorized Person

Form 632 Rev. 7/03

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown,** Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1** • **Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liability company
93702	Wyndemere Woods, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	INDEPENDENT/ASSISTED LIVING

5. Principal office address	City	State	Zip
1044 Mendon Road	Woonsocket	RI	02895

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Diane Bachand	Administrator

Street Address	City	State	Zip
1044 Mendon Road	Woonsocket	RI	02895

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS ***("X" BOX FOR ATTACHMENT)*** ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
Raymond Roy	56 Lancaster Road	Bloomfield	CT	06002
Donald Roy	11 Tariffville Road	Bloomfield	CT	06002
Jeanne Guerin	11 Harris Road	Avon	CT	06001

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
ROBERT E. HORTON, JR.	30 SAYLES HILL ROAD	MANVILLE	02838

*This report must be **signed in ink** by an authorized person pursuant to R.I.G.L. 7-16-66.*

[redacted]

93702

[redacted]

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.

Robert E. Horton Jr. 9-9-04
Signature of Authorized Person *Date*

[redacted] Robert E. Horton, Jr.
Print or Type Name of Authorized Person

File Date 10/14/04
Check No. 13917
By: U.
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 7/03

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown,** Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • ***Filing Fee: $50.00***

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liability company
93702	Wyndemere Woods, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	INDEPENDENT/ASSISTED LIVING

5. Principal office address	City	State	Zip

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
DIANE F. BACHAND	ADMINISTRATOR

Street Address	City	State	Zip
1044 MENDON ROAD	WOONSOCKET	RI	02895

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS ***("X" BOX FOR ATTACHMENT)*** ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
DIANE F BACHAND	1044 MENDON ROAD	WOONSOCKET	RI	02895

Manager Name	Street Address	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
ROBERT E. HORTON, JR.	30 SAYLES HILL ROAD	MANVILLE	02838

*This report must be **signed in ink** by an authorized person pursuant to R.I.G.L. 7-16-66.*

[redacted] ** 9 3 7 0 2 **

File Date	10.8.03
Check No.	11C085
By:	

FOR SECRETARY OF STATE USE ONLY

[redacted]

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 Person — *Date* 9-9-03

ROBERT E. HORTON

Print or Type Name of Authorized Person

Form 632 Rev. 7/03

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, *Secretary of State*
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liability company
93702	Wyndemere Woods, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	INDEPENDENT/ASSISTED LIVING

5. Principal office address	City	State	Zip
1044 MENDON ROAD	WOONSOCKET	RI	02895

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
ROBERT E. HORTON, JR	EXECUTIVE DIRECTOR

Street Address	City	State	Zip
1044 MENDON ROAD	WOONSOCKET	RI	02895

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT* ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT R.I.G.L 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
DIANE F. BACHAND	64 SCARBOROUGH ROAD	CUMBERLAND	RI	02864
Manager Name	Street Address	City	State	Zip
Manager Name	Street Address	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND ***DO NOT ALTER*** **Changes require filing of Form 642 - R.I.G.L. 7-16-11**

Agent Name	Address		
ROBERT E. HORTON, JR.			
Address	**City**	**Zip**	
30 SAYLES HILL ROAD	MANVILLE	02838	

This report must be ***signed in ink*** *by an authorized person pursuant to 7-16-66.*

[redacted]

* 93702 *

[redacted]

FILED
File Date NOV 14 2002
Check No. 245497
By:
FOR SECRETARY OF STATE USE ONLY

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 Person *Date* 9-6-02

ROBERT E. HORTON, JR.
Print or Type Name of Authorized Person

[redacted]

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 93702 **Annual Report for the year** 2001

1. The name of the limited liability company is:

   Wyndemere Woods, LLC

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

   1044 Mendon Road Woonsocket, RI 02895

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: ROBERT E. HORTON, JR.

   30 SAYLES HILL ROAD MANVILLE RI 02838

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: Robert E. Horton, JR.

   Executive Director

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Independent / Assisted living

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

Name	*Address*
Dino Bachand	1044 Mendon Rd Woonsocket, RI

Dated _____

93702

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.

Wyndemere Woods LLC
Exact Name of Limited Liability Company

By Robert E. Horton Jr.

Executive Director
Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	7-28-01
Check No.:	1150
By:	

Form No. 632
Revised 01/99

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of $50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be obtained by contacting this office at 401-222-3040, or from our web site at www.state.ri.us

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 93702 **Annual Report for the year** 2000

1. The name of the limited liability company is:

   Wyndemere Woods, LLC

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

   1044 Mendon Road Woonsocket, RI 02895

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: ROBERT E. HORTON, JR.

   30 SAYLES HILL ROAD MANVILLE RI 02838

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: 1044 Mendon Road Woonsocket, RI 02895
   Robert E. Horton, Jr. Executive Director

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Independent/Assisted living Residents

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

Name	*Address*
Kathy Shawgraw Administrator	27 Round Hill Road North Smithfield, RI 02896

Dated September 6, 2000

93702

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.

Wyndemere Woods LLC
Exact Name of Limited Liability Company

By [signature]
Executive Director
Title

FOR SECRETARY OF STATE USE ONLY
File Date: 9/18
Check No.: 1097
By:

Form No. 632
Revised 01/99

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 LL 93702 **Annual Report for the year** 1999

1. The name of the limited liability company is:

   Wyndemere Woods, LLC

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

   1044 Mendon Road Woonsocket, RI 02895

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: ROBERT E. HORTON, JR.

   30 SAYLES HILL ROAD MANVILLE, RI 02838

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: 1044 Mendon Road, Woonsocket, RI 02895
   Robert E. Horton, JR. Executive Director

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Independent and 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*
Robert E. Horton, JR., Executive Director	30 Sayles Hill Road Manville, RI 02838
Kathleen Shanteau, Administrator	1044 Mendon Road Woonsocket, RI 02895

Dated September 13, 1999

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.

Wyndemere Woods, LLC
Exact Name of Limited Liability Company

By Robert E. Horton Jr.

Executive Director
Title

FOR SECRETARY OF STATE USE ONLY
File Date: 9-24-99
Check No.: 1047
By: AMF

Form No. 632
Revised 01/99

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

LIMITED LIABILITY COMPANY

ID Number LL 93702 **Annual Report for the year** 1998

1. The name of the limited liability company is:

   Wyndemere Woods, LLC

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

   1044 Mendon Road Woonsocket, RI 02895

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: ROBERT E. HORTON, JR.

   30 SAYLES HILL ROAD MANVILLE, RI 02838

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: 1044 Mendon Road Woonsocket, RI 02895
   Robert E. Horton, JR. Executive Director

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Indepent living and assisted living Elderly apartments

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

Name	*Address*
Raymond Roy	56 Duncaster Rd. Bloomfield, CT. 06002
Donald Roy	11 Tariffville Rd. Bloomfield, CT. 06002
Jeanne Gurchin	11 Harris Road Avon, CT. 06001

Dated _____, 19____

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.

Wyndemere Woods LLC
Exact Name of Limited Liability Company

By _____

Executive Director
Title

93702

FOR SECRETARY OF STATE USE ONLY
File Date: 11-9-98
Check No.: 5186
By: AMF