S	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00		
	Division Of Business	Services			
	148 W. River St				
	Providence RI 0290				
HOPE	(401) 222-304	40			
Limited Liability Comp Annual Report Filing Period: September 1 -					
	7-16-66(d), each limited liability comp hirty (30) days after the time prescribe y fee of \$25.00.				
ANNUAL REPORT YEAR:	<u>2017</u>				
1. ID No. <u>000747889</u>					
2. Exact Name of the Lin	nited Liability Company <u>HPG EN</u>	TERPRISES, LLC			
3. State of Formation					
State: <u>DE</u>					
	ARTICLE III				
	code that best describes the primary b prmation on <u>NAICS</u> can be found onlin		Download the		
<u>551114</u>					
4. Brief Description of the	e Character of the Business Which	is Actually Conducted in Rhod	e Island		
HEALTHCARE RELATI	ED BUSINESS				
5. Principal Office Addres	SS				
No. and Street: <u>ONE PAI</u> City or Town: <u>NASHVI</u>	RK PLAZA LEGAL DEPARTME LLE	<u>NT</u> State: <u>TN</u> Zip: <u>37203</u> C	ountry: <u>USA</u>		
6. Mailing Address of Lim	nited Liability Company and Name	or Title of Contact Person:	<u> </u>		
Contact Name: Contact T	Fitle:				
No. and Street: ONE PARK PLAZA - LEGAL DEPARTMENT City or Town: NASHVILLE State: TN Zip: 37203 Country: USA					
	7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title	Individual Name	Address			
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Co	ode, Country		
MANAGER	SAMUEL N. HAZEN	ONE PARK PLAZ/ NASHVILLE, TN 37203 US			
MANAGER	JOHN M. FRANCK II	ONE PARK PLAZ	4		

MANAGE	2

ONE PARK PLAZA NASHVILLE, TN 37203 USA

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

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST PROVIDENCE</u>, <u>RI</u> <u>02914</u>

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 8 Day of September, 2017 at 10:31:43 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JOHN M. FRANCK II, MANAGER

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2017 State of Rhode Island and Providence Plantations All Rights Reserved