	State of Rhode Island and Pro Office of the Secreta		5 Fee: \$50.00
	Division Of Business 148 W. River S Providence RI 0290	treet	
HOPE	(401) 222-304	40	
Limited Liability Com Annual Report Filing Period: September 1			
	. 7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR	<u>2017</u>		
1. ID No. <u>00059983</u>	0		
2. Exact Name of the Li	mited Liability Company <u>WHYTE</u>	BROOK RETIREMEN	<u>T INVESTORS,</u>
3. State of Formation			
State: <u>TN</u>			
	ARTICLE III		
-	Code that best describes the primary e information on <u>NAICS</u> can be found		e entity. Download
<u>623110</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted	in Rhode Island
SKILLED NURSING F	ACILITY		
5. Principal Office Addre	255		
No. and Street: <u>3570</u>	KEITH STREET, NW		
City or Town: <u>CLE</u>	VELAND Star	te: <u>TN</u> Zip: <u>37312</u>	Country: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact Pers	son:
Contact Name: Contact	Title:		
	KEITH STREET, NW	o TN 7:- 27240	Country: LISA
City or Town: <u>CLE</u>	/ELAND Stat	e: <u>TN</u> Zip: <u>37312</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Addres	S
	First, Middle, Last, Suffix	Address, City or Town, Stat	e, Zip Code, Country
MANAGER	DEVELOPERS INVESTMENT COMPANY, INC.	3570 KEITH S CLEVELAND, TN 3	

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

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

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

Signed this 26 Day of September, 2017 at 9:37:07 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 JOAN E. THURMOND, ASSISTANT SECRETARY

Signature of Authorized Person

Form No. 632 Revised 09/07

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