State of Rhode Island and Providence Plantations Office of the Secretary of State         Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040         Limited Liability Company Annual Report         Filing Period: September 1 - November 1         In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2018         1. ID No. 000279329         2. Exact Name of the Limited Liability Company <u>NHP EAST SIDE LLC</u> 3. State of Formation State: DE         ARTICLE III         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. the list of codes here, More information on NAICS can be found online. 531190         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode REAL ESTATE INVESTMENT	Fee: \$50.00
148 W. River Street Providence RI 02904-2615 (401) 222-3040         Limited Liability Company Annual Report Filing Period: September 1 - November 1         In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2018         1. ID No.       000279329         2. Exact Name of the Limited Liability Company <u>NHP EAST SIDE LLC</u> 3. State of Formation State: DE         ARTICLE III         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. the list of codes <u>here</u> . More information on <u>NAICS</u> can be found online. 531190         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode	
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4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode	Download
REAL ESTATE INVESTMENT	e Island
5. Principal Office Address	
No. and Street: 500 NORTH HURSTBOURNE PARKWAY SUITE 200	
City or Town: $\underline{LOUISVILLE}$ State: $\underline{KY}$ Zip: $\underline{40222}$ Cou	ntry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	
Contact Name: <u>DANA J. BAKER</u> Contact Title: <u>SECRETARY</u> No. and Street: <u>500 NORTH HURSTBOURNE PARKWAY</u> SUITE 200	
City or Town:       LOUISVILLE       State: KY       Zip:       40222       Course	
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	ntry: <u>USA</u>
Title Individual Name Address	ntry: <u>USA</u>
First, Middle, Last, Suffix Address, City or Town, State, Zip Code	

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</u> <u>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 30 Day of August, 2018 at 4:46:46 PM 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 <u>DANA J. BAKER, SECRETARY</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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