



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 CORPORATIONS DIV. STAMP

Annual Report for the year: 2018
 Limited Liability Company

2019 MAR 20 PM 1:21

- 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 001664799		2. Exact name of the Limited Liability Company FOUR SEASONS ASSISTED LIVING, LLC			
3. NAICS Code 623312		4. Brief description of the character of business conducted in Rhode Island ASSITED LIVING FACILITY			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 1057 CHOPMIST HILL ROAD		City SCITUATE	State RI	Zip 02857	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name DENISE SOUCIE			Contact Title REGISTERED AGENT		
Street Address 1057 CHOPMIST HILL ROAD		City SCITUATE	State RI	Zip 02857	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	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 <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person DENISE SOUCIE				Date 3/19/19	
Signature of Authorized Person <i>Denise Soucie</i>				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

FILED

MAR 20 2019

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