s s	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00	
	Division Of Business 148 W. River S	treet		
HOPE	Providence RI 0290 (401) 222-30			
Limited Liability Com Annual Report Filing Period: September 1				
	7-16-66(d), each limited liability com n thirty (30) days after the time presc penalty fee of \$25.00.			
ANNUAL REPORT YEAR:	<u>2019</u>			
1. ID No. <u>001337703</u>				
2. Exact Name of the Limited Liability Company <u>BROOKDALE EMPLOYEE SERVICES -</u> <u>CORPORATE, 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. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.				
<u>551114</u>				
4. Brief Description of the	e Character of the Business Which	is Actually Conducted in Rho	ode Island	
EMPLOYEE LEASING COMPANY				
5. Principal Office Addres	SS			
No. and Street: <u>111 WESTWOOD PLACE</u>				
SUITE 400City or Town:BRENTWOODState: TNZip: 37027Country: USA				
6. Mailing Address of Lir	nited Liability Company and Name	or Title of Contact Person:		
Contact Name: Contact	Title:			
No. and Street: <u>111 W</u> SUITE	/ESTWOOD PLACE			
		e: <u>TN</u> Zip: <u>37027</u> Cour	ntry: <u>USA</u>	
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 C	ode, Country	

MANAGER	LUCINDA M BAIER	111 WESTWOOD PLACE #400 BRENTWOOD, TN 37027 USA
MANAGER	CHAD C WHITE	111 WESTWOOD PLACE #400 BRENTWOOD, TN 37027 USA
MANAGER	MARY SUE PATCHETT	111 WESTWOOD PLACE #400 BRENTWOOD, TN 37027 USA

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 10 Day of October, 2019 at 6:04:17 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>CHAD C. WHITE</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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