



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

FILED

SEP 30 2020

BY

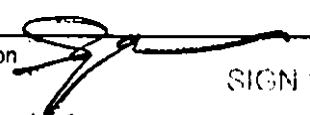
Annual Report for the year: 2020

Limited Liability Company

→ 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 93904 | | 2. Exact name of the Limited Liability Company Village Retirement Communities, L.L.C. | | | |
| 3. NAICS Code 621491 | | 4. Brief description of the character of business conducted in Rhode Island To develop a framework for joint development, operation and management of assisted care facilities. | | | |
| 5. State of Formation Rhode Island | | | | | |
| 6. Principal Office Address 715 PUTNAM PIKE | | | City GREENVILLE | State RI | Zip 02828 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Peter J. Sangermano, Jr. | | | Contact Title | | |
| Street Address 715 PUTNAM PIKE | | | City GREENVILLE | State RI | Zip 02828 |
| 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 Peter J. Sangermano, Jr. | | | | Date 9/23/20 | |
| Signature of Authorized Person  | | | | SIGN DOCUMENT HERE | |

MAIL TO:

Division of Business Services

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