		State of RI Office of the Se	node Island ecretary of S	state	Fee: \$50.00	
Lione		Providence R	usiness Service liver Street II 02904-2615 22-3040			
TUPE -						
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: 2020						
1. ID No. <u>000713867</u>						
2. Exact Name of the Limited Liability Company <u>BKD NEW ENGLAND BAY, LLC</u>						
3. State of Formation						
State: <u>DE</u>						
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>623312</u>						
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island						
OWN/OPERATE/MANAGE SENIOR LIVING FACILITY						
5. Principal Offic	e Addre	SS				
No. and Street:		<u>WESTWOOD PLACE</u> <u>`E 400</u>				
City or Town:	BRE	NTWOOD	State: <u>TN</u>	Zip: <u>37027</u>	Country: <u>USA</u>	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:						
Contact Name: No. and Street:	Contact <u>111 V</u> <u>SUITE</u>	VESTWOOD PLACE				
City or Town:		ITWOOD	State: <u>TN</u>	Zip: <u>37027</u>	Country: USA	
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS						
Title		Individual Name		Addre	ess	

Title Individual Name		Individual Name	Address		
		First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country		
	MANAGER	MARY SUE PATCHETT	111 WESTWOOD PLACE #\$400		

		BRENTWOOD, TN 37027 USA			
MANAGER	LUCINDA M BAIER	111 WESTWOOD PLACE #400 BRENTWOOD, TN 37027 USA			
MANAGER	CHAD C WHITE	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					
<u>CORPORATION SERVICE COMPANY</u> 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, <u>RI</u> 02888 9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).					
By <u>CHAD C. WHITE</u> Signature of Authorized Person Form No. 632 Revised 09/07 © 2007 - 2020 State of Rhode Island All Rights Reserved					