RI SOS Filing Number: 202199876200 Date: 8/4/2021 12:11:00 PM

State of Rhode Island
Office of the Secretary of State

Fee: $50.00

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: 2021

1. ID No. 001695966

2. Exact Name of the Limited Liability Company Encompass Health Rehabilitation Hospital of Johnston, LLC

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 here. More information on NAICS can be found online.

622310

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

REHABILITATION SERVICES

5. Principal Office Address

No. and Street: 9001 LIBERTY PARKWAY
City or Town: BIRMINGHAM State: AL Zip: 35242 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: TAX DEPARTMENT Contact Title: ENCOMPASS HEALTH CORPORATION
No. and Street: PO BOX 380546
City or Town: BIRMINGHAM State: AL Zip: 35238 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	PATRICK DARBY	9001 LIBERTY PARKWAY BIRMINGHAM, AL 35242 USA

MANAGER	BARBARA A. JACOBSMEYER	9001 LIBERTY PARKWAY BIRMINGHAM, AL 35242 USA
MANAGER	DOUGLAS E. COLTHARP	9001 LIBERTY PARKWAY BIRMINGHAM, AL 35242 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 4 Day of August, 2021 at 12:16:55 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 PATRICK DARBY
Signature of Authorized Person

Form No. 632
Revised 09/07