RI SOS Filing Number: 202100693830 Date: 9/2/2021 10:25:00 AM



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. 001715804

- 2. Exact Name of the Limited Liability Company Ascend Rhode Island Management, LLC
- 3. State of Formation

State: RI

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.

<u>424210</u>

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

TO OBTAIN A LICENSE FOR, AND TO OPERATE, A COMPASSION CENTER PURSUANT TO

AND IN COMPLIANCE WITH SECTION 21-28.6 ET SEQ. OF THE GENERAL LAWS OF RHODE ISLAND, TO ENGAGE IN ANY LAWFUL ACTIVITY FOR WHICH A NON-PROFIT CORPORATION MAY BE ORGANIZED UNDER CHAPTER 7-6 OF THE GENERAL LAWS OF RHODE ISLAND, AND TO DO ANY AND ALL THINGS NECESSARY, SUITABLE OR PROPER

FOR THE ATTAINMENT OF ANY AND ALL OF THE FOREGOING PURPOSES.

5. Principal Office Address

No. and Street: 1411 BROADWAY

16TH FLOOR

City or Town: NEW YORK State: NY Zip: 10018 Country: USA

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

Contact Name: COREY SHEAHAN Contact Title: EVP LEGAL

No. and Street: 1411 BROADWAY

16TH FLOOR

City or Town: NEW YORK State: NY Zip: 10018 Country: USA

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 Code, Country
MANAGER	ABNER KURTIN	16 BROOK STREET NATICK, MA 01760 USA
MANAGER	FRANCIS PERULLO	137 LEWIS WHARF BOSTON, MA 02110 USA
MANAGER	EMILY PAXHIA	137 LEWIS WHARF BOSTON, MA 02110 USA
MANAGER	SCOTT SWID	137 LEWIS WHARF BOSTON, MA 02110 USA

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

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

Signed this 2 Day of September, 2021 at 10:31:50 AM 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>/S/ DANIEL DIPIETRO</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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