



**State of Rhode Island
Office of the Secretary of State**

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Limited Liability Company
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2022

1. ID No. 001719182

2. Exact Name of the Limited Liability Company Broad River Rehab Management, LLC

3. State of Formation

State: NC

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.

621999

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

TO PROVIDE MANAGEMENT SERVICES TO SKILLED NURSING FACILITIES AND
ASSISTED
LIVING FACILITIES TO HELP BETTER RUN THEIR PT, OT AND SLP PROGRAMS.

5. Principal Office Address

No. and Street: 1 POND STREET
City or Town: ARDEN State: NC Zip: 28704 Country: USA

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

Contact Name: Contact Title:
No. and Street: 1 POND STREET
City or Town: ARDEN State: NC Zip: 28704 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	AARON PRYOR	1 POND STREET ARDEN, NC 28704 USA

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

REGISTERED AGENTS INC 47 WOOD AVE, SUITE 2 BARRINGTON , RI 02806

Signed this 9 Day of September, 2021 at 2:19:22 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 VERONICA FLYNN
Signature of Authorized Person

Form No. 632
Revised 09/07

© 2007 - 2021 State of Rhode Island
All Rights Reserved