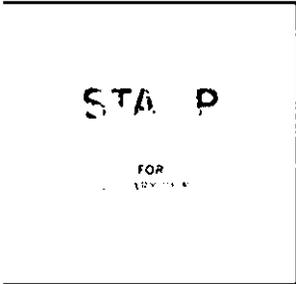


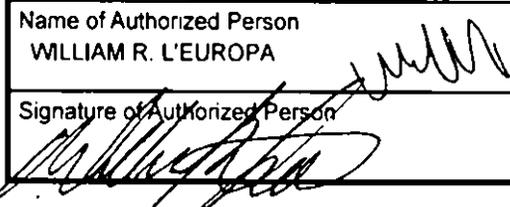


State of Rhode Island  
**Department of State - Business Services Division**



**Annual Report for the year:** 2022  
**Limited Liability Company**

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 001713989	2. Exact name of the Limited Liability Company REHABS, LLC		
3. NAICS Code 531390	4. Brief description of the character of business conducted in Rhode Island REAL ESTATE MANAGEMENT		
5. State of Formation Rhode Island			
6. Principal Office Address 1 WHOLESALE WAY	City CRANSTON	State RI	Zip 02920
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name D. Joseph D'Amico, Esq.		Contact Title Attorney	
Street Address 728 Valley Street		City Providence	State RI Zip 02908
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
<b><i>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.</i></b>			
Name of Authorized Person WILLIAM R. L'EUROPA		Date 4-1-22	
Signature of Authorized Person 			

**FILED**  
 APR 05 2022  
 BY M 26  


**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov