



State of Rhode Island

Department of State - Business Services Division

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Annual Report for the year: 2020

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 001702494	2. Exact name of the Limited Liability Company South County SNF Operations LLC		
3. NAICS Code 623110	4. Brief description of the character of business conducted in Rhode Island Skilled nursing facility		
5. State of Formation RI			
6. Principal Office Address 7523 MAIN STREET, NUMBER 39	City FLUSHING	State NY	Zip 11367
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Joseph Lieberman		Contact Title Vice President of Cost Containment	
Street Address 1007 Broadway		City Woodmere	State NY
		Zip 11598	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
<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>			
Name of Authorized Person Joseph Lieberman		Date 2/28/22	
Signature of Authorized Person 			

MAIL TO:

Division of Business Services

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