State of Rhode Island Office of the Secretary of StateDivision Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040Limited Liability Company Annual Report Filing Period: February 1 - May 1In 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.	Fee: \$50.00
Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040Limited Liability Company Annual Report Filing Period: February 1 - May 1In 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	
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1636 (401) 222-3040 Limited Liability Company Annual Report Image: Company 1 - May 1 Filing Period: February 1 - May 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	
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refusing to file its annual report within thirty (30) days after the time prescribed by	
ANNUAL REPORT YEAR: 2023	
1. ID No. <u>000713867</u>	
2. Exact Name of the Limited Liability Company <u>BKD NEW ENGLAND BAY, LLC</u>	
3. State of Formation	
State: <u>DE</u>	
ARTICLE III	
Enter the six digit NAICS Code that best describes the primary business conducted by the e Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.	entity.
<u>623312</u>	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rh Island OWN/OPERATE/MANAGE SENIOR LIVING FACILITY	node
5. Principal Office Address	
No. and Street: <u>111 WESTWOOD PLACE</u>	
SUITE 400City or Town:BRENTWOODState: TNZip: 37027Country	v: USA
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	
Contact Name: KATHY WALKER Contact Title:	
No. and Street: <u>111 WESTWOOD PLACE</u>	
SUITE 400 City or Town: <u>BRENTWOOD</u> State: <u>TN</u> Zip: <u>37027</u> Countr	
City or Town: <u>BRENTWOOD</u> State: <u>TN</u> Zip: <u>37027</u> Countr	y. <u>03A</u>

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

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

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

Signed this 12 Day of January, 2023 at 1:42:30 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 CHAD C. WHITE

Signature of Authorized Person

Form No. 632 Revised 09/07

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