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

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

**Fee: $50.00**

## Limited Liability Company Annual Report

*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 law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of $25.00.*

**ANNUAL REPORT YEAR:** 2023

**1. ID No.** 000160659

**2. Exact Name of the Limited Liability Company** REGENCY HOSPITAL OF RHODE ISLAND, LLC

**3. State of Formation**

State: DE

**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**

ADMINISTRATIVE

**5. Principal Office Address**

No. and Street: 4714 GETTYSBURG ROAD
LEGAL
City or Town: MECHANICSBURG State: PA Zip: 17055 Country: USA

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

Contact Name: Contact Title:
No. and Street: 4714 GETTYSBURG ROAD
LEGAL DEPT
City or Town: MECHANICSBURG State: PA Zip: 17055 Country: USA

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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914

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

**Signed this 19 Day of January, 2023 at 11:50:54 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 MICHAEL E TARVIN
Signature of Authorized Person

Form No. 632
Revised 09/07

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