| Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 Business Corporation Annual Report Filing Period: February 1 - May 1 In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to | State of Rhode Island | Fee: \$50.00 | | | | |
|--|---|--|--|--|--|--|
| 148 W. River Street Providence RI 02904-2615 (401) 222-3040 Business Corporation Annual Report Filing Period: February 1 - May 1 In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file is annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e&l)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2023 1. Corporate ID No. 000001961 2. Name of Corporation GRACE BARKER NURSING CENTER, INC, 3. Street Address Principal Business Office: No. and Street: 54 BARKER AVENUE City or Town: Country: USA ARTICLE II Business Phone No. State: RI State: RI ARTICLE II Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes intere. More information on NAICS can be found online. 623110 6. Brief Description of the Character of Business Conducted in Rhode Island OPERATE A NURSING HOME BUSINESS 7. Names and Addresses of the Officers and Directors: All officers and directors must be listed. If officers and/or directors have been elected, the title incorporator is no longe applicable; please delete. | | F CC. \$50.00 | | | | |
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| title Incorporator is no longer applicable; please delete. | 7. Names and Addresses of the Officers and Directors: | | | | | |
| Title Individual Name Address | | | | | | |
| | Title Individual Name Address | | | | | |

| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |
|----------------|-----------------------------|---|
| PRESIDENT | MARY BETH LESCAULT | 54 BARKER AVENUE WARREN, RI 02885 USA |
| SECRETARY | MARY BETH LESCAULT | 54 BARKER AVENUE WARREN, RI 02885 USA |
| VICE PRESIDENT | MARK LESCAULT | 54 BARKER AVENUE WARREN, RI 02885 USA |
| TREASURER | BENJAMIN LESCAULT | 54 BARKER AVENUE WARREN, RI 02885 USA |

8. Shares Authorized and Issued

| | | | | Total Issued |
|----------------|-----------------|---------------|------------------|--------------|
| Class of Stock | Series of Stock | Par Value Per | | and |
| | | Share | Total Authorized | Outstanding |
| | | | Shares | Num of |
| | | | Number of Shares | Shares |
| CNP | | \$0.0000 | 200.00 | 200 |

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 16 Day of March, 2023 at 7:55:09 AM. *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By EDWARD D. FELDSTEIN, ESQ.

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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