

Annual Report for the year: 2023
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.

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	1	?	2023		
31	2	,	740		

Entity ID Number	2. Exact name of the Lim	2. Exact name of the Limited Liability Company					
530989	Garden City Rehabilitation Center, LLC						
3. NAICS Code	Brief description of the character of business conducted in Rhode Island						
621340	Physical Therapy						
5. State of Formation							
RI							
6. Principal Office Address	<u> </u>	City	State	Zip			
1150 Reservoir Avenue		Cranston	RI	02920			
7. Mailing Address of Limite	ed Liability Company and Name		•				
Contact Name Tanya Gaudioso		Contact Title member					
Street Address 1150 Reserve	oir Avenue	City Cranston	State RI	^{Zip} 02920			
8. The Resident Agent info	rmation currently of record with t	the RI Department of State is acc	curate. Changes requir	e filing Form 642.			
	I declare and affirm that I hav tatements contained herein a	e examined this report, includi re true and correct.	ng any accompanyin	g schedules and			
Name of Authorized Person	Date	Date					
Tanya Gaudioso	3-1	3-13-2023					
Signature of Authorized Pe	rson						

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov