State of Rhode Island Fee: \$50.0 Office of the Secretary of State
Division Of Business Services
148 W. River Street
Providence RI 02904-2615 (401) 222-3040
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 - ENTER THE <u>CURRENT</u> FILING YEAR 2023 : <u>2023</u>
1. ID No. <u>001695966</u>
2. Exact Name of the Limited Liability Company <u>Encompass Health Rehabilitation Hospital of</u> <u>Johnston, 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 entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.
<u>622310</u>
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island
REHABILITATION SERVICES
5. Principal Office Address
No. and Street: 9001 LIBERTY PARKWAY
City or Town:BIRMINGHAMState: ALZip: 35242Country: USA
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:
Contact Name: Contact Title: No. and Street: PO BOX 380546
No. and Street: <u>PO BOX 380546</u> City or Town: <u>BIRMINGHAM</u> State: <u>AL</u> Zip: <u>35238</u> Country: <u>USA</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

 $\underline{\text{CORPORATION SERVICE COMPANY}} \ \underline{222} \ \underline{\text{JEFFERSON BOULEVARD SUITE } 200} \ \underline{\text{WARWICK}} \ , \ \underline{\text{RI}} \ \underline{02888}$

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

Signed this 24 Day of April, 2023 at 3:49:19 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 PATRICK DARBY

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2023 State of Rhode Island All Rights Reserved