



State of Rhode Island
Office of the Secretary of State

Fee: \$50.00

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 **CURRENT FILING YEAR 2023**: 2023

1. ID No. 001743468

2. Exact Name of the Limited Liability Company LifePoint Rehab Physician Services, 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.

621340

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

THE COMPANY IS FORMED FOR THE OBJECT AND PURPOSE OF, AND THE NATURE OF THE BUSINESS TO BE CONDUCTED AND PROMOTED BY THE COMPANY IS, ENGAGING IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH LIMITED LIABILITY COMPANIES MAY BE FORMED UNDER THE ACT AND ENGAGING IN ANY AND ALL ACTIVITIES NECESSARY OR INCIDENTAL TO THE FOREGOING. (SECTION 2, LLC AGREEMENT)

5. Principal Office Address

No. and Street: 330 SEVEN SPRINGS WAY

City or Town: BRENTWOOD

State: TN

Zip: 37027

Country: USA

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

Contact Name: Contact Title:

No. and Street: 330 SEVEN SPRINGS WAY

City or Town: BRENTWOOD

State: TN Zip: 37027 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 25 Day of April, 2023 at 10:12:27 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 COTY BACON

Signature of Authorized Person

Form No. 632
Revised 09/07

© 2007 - 2023 State of Rhode Island
All Rights Reserved