	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	
1636	(401) 222-3040	
Limited Liability Annual Report Filing Period: Febru		
refusing to file its a	R.I.G.L. 7-16-66(d), each limited liability company failing or annual report within thirty (30) days after the time prescribed by 66(b&c)) is subject to a penalty fee of \$25.00.	
ANNUAL REPORT	YEAR - ENTER THE <u>CURRENT</u> FILING YEAR <b>2023</b> : <u>2023</u>	
1. ID No. <u>0016</u>	576285	
2. Exact Name of	the Limited Liability Company 239 Legris Avenue Realty, LLC	
3. State of Forma	ation	
State: <u>DE</u>		
	ARTICLE III	
	NAICS Code that best describes the primary business conducted b of codes <u>here.</u> More information on <u>NAICS</u> can be found online.	by the entity.
<u>531110</u>		
4. Brief Descriptic Island	on of the Character of the Business Which is Actually Conducted	d in Rhode
<u>REALTY PROPE</u> RESIDENTS	ERTY THAT HOUSES A SKILLED NURSING FACILITY WH	IERE
	LED NURSING CARE	
5. Principal Office	e Address	
No. and Street:	239 LEGRIS AVE	
City or Town:	<u>WEST WARWICK</u> State: <u>RI</u> Zip: <u>02893</u> Cou	untry: <u>USA</u>
6. Mailing Addres	s of Limited Liability Company and Name or Title of Contact Per	son:
Contact Name: L	OUIS GELLIS Contact Title:	
-	<u>1904 AVE M</u>	ntry: <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

 $\frac{\text{VCORP SERVICES, LLC}}{\text{RI 02914}} \underbrace{450 \text{ VETERANS MEMORIAL PARKWAY, SUITE 7A}}_{\text{EAST PROVIDENCE}},$ 

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

**Signed this 27 Day of April, 2023 at 1:53:52 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 JOSEPH POLLACK

Signature of Authorized Person

Form No. 632 Revised 09/07

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