



State of Rhode Island  
Department of State - Business Services Division

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.

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2023 MAY 16 P 3:05

1. Entity ID Number 000154421	2. Exact name of the Limited Liability Company HOPKINS HEALTH CENTER, LLC			
3. NAICS Code 623110	4. Brief description of the character of business conducted in Rhode Island  NURSING HOME			
5. State of Formation RI				
6. Principal Office Address 608 SMITHFIELD ROAD		City NORTH PROVIDENCE	State RI	Zip 02904
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name ANTHONY BARILE		Contact Title PRESIDENT		
Street Address 608 SMITHFIELD ROAD		City NORTH PROVIDENCE	State RI	Zip 02904
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.				
Name of Authorized Person JOSEPH DURAND			Date 5/16/23	
Signature of Authorized Person 				

FILED  
MAY 16 2023 3:08  
BY SCASR

MAIL TO:  
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