



**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

**Professional Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024

1. Corporate ID No. 001671722

2. Name of Corporation Rhode Island Post- Acute Medical Services 1, P.C.

3. Street Address Principal Business Office:

No. and Street: 8511 FALLBROOK AVE STE 120

City or Town: WEST HILLS

State: CA Zip: 91304 Country: USA

4. Business Phone No.

8656931000

5. State of Incorporation

State: RI

NAICS CODE

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.

621111

6. Brief Description of the Character of Business Conducted in Rhode Island

MEDICINE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
ASSISTANT TREASURER	JOHN BARRACK	265 BROOKVIEW CENTRE WAY, SUITE 400 KNOXVILLE, TN 37919 USA
ASSISTANT TREASURER	LARA OWENS	265 BROOKVIEW CENTRE WAY STE 400 KNOXVILLE, TN 37919 USA
DIRECTOR/PRESIDENT	DAVID J ISTVAN	307 S EVERGREEN AVE STE 101 WOODBURY, NJ 08096 USA
VICE PRESIDENT	CLARENCE SMITH	8511 FALLBROOK AVE STE 120 WEST HILLS, CA 91304 USA
SECRETARY/TREASURER	LIBBA ESTEP	265 BROOKVIEW CENTRE WAY STE 203 KNOXVILLE, TN 37919 USA
ASSISTANT SECRETARY	JOHN R STAIR	265 BROOKVIEW CENTRE WAY STE 203 KNOXVILLE, TN 37919 USA
ASSISTANT TREASURER	JOHN BARRACK	265 BROOKVIEW CENTRE WAY STE 203 KNOXVILLE, TN 37919 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	1,000.00	100

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 14 Day of February, 2024 at 11:49:48 AM. *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By JOHN R STAIR
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07