



**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 YEAR 2024: 2024

1. ID No. 001711607

2. Exact Name of the Limited Liability Company Rhode Island Rehabilitation Hospital. LLC

3. State of Formation

State: DE

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.

622310

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

THE PURPOSE OF THE COMPANY SHALL BE (I) TO OPERATE THE BUSINESS; (II) TO OPERATE THE COMPANY TO PROMOTE HEALTH AND PROVIDE HEALTHCARE SERVICES IN A NON-DISCRIMINATORY MANNER TO INDIVIDUALS WITHOUT REGARD TO RACE, CREED, NATIONAL ORIGIN, GENDER, PAYOR SOURCE OR THE ABILITY TO PAY FOR THE SERVICES; (III) TO PROVIDE QUALITY HEALTH CARE SERVICES IN A MANNER THAT IS CONSISTENT WITH THE CHARITABLE PURPOSES OF LANDMARK BY PROMOTING THE HEALTH, WELLNESS AND WELFARE FOR A BROAD CROSS-SECTION OF THE COMMUNITIES SERVED BY THE COMPANY; (IV) TO OPERATE THE COMPANY IN ACCORDANCE WITH THE

COMMUNITY BENEFIT STANDARD; (V) TO ABIDE BY A CONFLICTS OF INTEREST POLICY THAT (1) REQUIRES MEMBERS OF THE BOARD OF DIRECTORS TO DISCLOSE RELEVANT FINANCIAL INTERESTS, (2) PROVIDES A PROCEDURE FOR THE COMPANY TO DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS AND (3) SETS FORTH A PROCESS TO ADDRESS ANY CONFLICTS THAT ARISE; SUCH A POLICY WOULD ALSO ADDRESS REMEDIAL ACTION FOR MEMBERS OF THE BOARD OF DIRECTORS THAT FAIL TO COMPLY WITH THE POLICY; AND (VI) TO GENERALLY ENGAGE IN SUCH OTHER BUSINESS AND ACTIVITIES AND TO DO ANY AND ALL OTHER ACTS AND THINGS PERMITTED UNDER THE ACT IN FURTHERANCE OF THE PURPOSES OF THE COMPANY AS SET FORTH IN THIS PARAGRAPH (SUBJECT TO THE PROVISIONS OF THIS AGREEMENT). (SECTION 2.6, OPERATING 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 11 Day of April, 2024 at 10:11:54 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 - 2024 State of Rhode Island
All Rights Reserved