



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024  
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.

FILED STAMP

APR 30 2024

BY 158101  
OS

1. Entity ID Number <b>000116873</b>		2. Exact name of the Limited Liability Company <b>Generations Adult Day Health Center, LLC</b>		
3. NAICS Code <b>962412</b>		4. Brief description of the character of business conducted in Rhode Island To own and operate and adult daycare facility and do all things incidental thereto.		
5. State of Formation <b>RI</b>				
6. Principal Office Address <b>267 Jenckes Hill Road</b>		City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name <b>Rocco Gesualdi</b>		Contact Title <b>Member</b>		
Street Address <b>267 Jenckes Hill Road</b>		City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642				
9. <i>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.</i>				
Name of Authorized Person <b>Rocco Gesualdi</b>			Date <b>4-24-24</b>	
Signature of Authorized Person 				

**MAIL TO:**

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)