

State of Rhode Island Department of State - Business Services Division

2025

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Annual Report for the year: 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.

1. Entity ID Number 001692310		2. Exact name of the Limited Liability Company ECR REHAB GROUP LLC			
3. NAICS Code 531390	4. Brief description of the Real Estate Trans	Brief description of the character of business conducted in Rhode Island Real Estate Transactions			
5. State of Formation RI					
6. Principal Office Address 49 ANSELL AVE		City WARWICK	State	Z _{IP} 02886	
7. Mailing Address of Limite	d Liability Company and Name	or Title of Contact Person			
Contact Name DIANA BA	Contact Title		MBER		
Street Address 49 ANSELL AVE		City WARWICK	State RI	^{Zip} 02886	
8. The Resident Agent inform	nation currently of record with	the RI Department of State is accur	ate. Changes requir	e filing Form 642.	
9. Under penalty of perjury statements, and that all st	y, I declare and affirm that I I atements contained herein a	nave examined this report, including true and correct.	ng any accompany	ying schedules and	
Name of Authorized Person DIANA BALBI		Date 11/07/2024			
Signature of Authorized Per	son				

FILED

12:40pm

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BY LKS B974V

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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