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## State of Rhode Island **Department of State - Business Services Division**

2023

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 c Real Estate Transac	4. 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 RI	Zip 02886	
7. Mailing Address of Limite	d Liability Company and Name o	or Title of Contact Person	<u></u>		
Contact Name DIANA BALBI		Contact Title MEMBER			
Street Address 49 ANSELL AVE		City WARWICK	State RI	<sup>Zip</sup> 02886	
9. The Resident Agent infor	mation currently of record with th	ne RI Department of State is accur	ate. Changes require	e filing Form 642.	
9 Under penalty of periui	v. I declare and affirm that I ha	ve examined this report, includi	ng any accompany	ring schedules and	
statements, and that all statements contained herein are true and correct.  Name of Authorized Person  DIANA BALBI			Date 11/07/2024		
Signature of Authorized Pe	rson				

NOV 1 4 2024

MAIL TO:

**Division of Business Services** 

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