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State of Rhode Island
Department of State - Business Services Division

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2025 JAN 15 PM 10:38:30
STATE

Annual Report for the year: 2025
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	2. Exact name of the Limited Liability Company		
000509347	Village House Convalescent Home Associates, LLC		
3. NAICS Code 531110	4. Brief description of the character of business conducted in Rhode Island To acquire, lease, sell, mortgage, remortgage and to operate and manage real and personal property and entities owning such property		
5. State of Formation Rhode Island			
6. Principal Office Address 588 Pawtucket Avenue	City Pawtucket	State RI	Zip 02860
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Michael Bigney	Contact Title Member		
Street Address 588 Pawtucket Avenue	City Pawtucket	State RI	Zip 02860
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. ***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.***			
Name of Authorized Person Michael Bigney		Date 1/12/2025	
Signature of Authorized Person Michael Bigney			

FILED
JAN 15 2025
BY SW9xF
RJ

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