RI SOS Filing Number: 202562625260 Date: 1/15/2025 4:00:00 PM



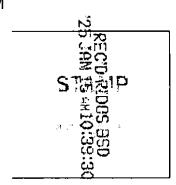
State of Rhode Island Department of State - Business Services Division

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 | 2. Exact name of the Limited Liability Company | | | |
|---|---|---|----------------------|----------------------|
| 000509347 | Village House Convalescent Home Associates, LLC | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | |
| 531110 | To acquire, lease, sell, mortgage, remortgage and to operate and manage | | | |
| 5. State of Formation | real and personal property and entities owning such property | | | |
| Rhode Island | | | | |
| 6. Principal Office Address | | City | State | Zip |
| 588 Pawtucket Avenue | | Pawtucket | RI | 02860 |
| 7. Mailing Address of Limited L | iability Company and Name | or Title of Contact Person | | |
| Contact Name Michael Bigney | | Contact Title Member | | |
| Street Address 588 Pawtucket Avenue | | City Pawtucket | State | ^{Zip} 02860 |
| 8. The Resident Agent information | tion currently of record with | the RI Department of State is accur | rate. Changes requir | e filing Form 642. |
| 9. Under penalty of perjury, I statements, and that all state | | ave examined this report, includ re true and correct. | ing any accompany | ring schedules and |
| Name of Authorized Person | | | Date | |
| Michael Bigney | | | 1/12/2025 | |
| Signature of Authorized Persor |) | | • | |
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FILED

JAN 1 5 2025

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 **Website:** www.sos.ri.gov