RI SOS Filing Number: 202562597710 Date: 1/15/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2025
Corporation

→ 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 Corporation
000100049	Allen's Health Center, Inc.

3. Principal Office Address	City	State	Zip
2115 South County Trail	West Kingston	RI	02892

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
623110	To operate a skilled nursing faciltiy
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Michael Bigney	Kelly Arnold
Street Address: 10 Linden Drive	Street Address: 435 Red Chimney Drive
City: Providence, State: RI, Zip: 02906	City: Warwick, State: RI, Zip: 02886
Secretary Name: Stephanie Ryan	Treasurer Name: Christopher Ryan
Street Address: 1 Strathmore Place	Street Address: 923 Snake Hill Road
City: Cranston, State: RI, Zip: 02920	City: N. Scituate, State: RI, Zip: 02857

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Michael Bigney	Kelly Arnold
Street Address: 10 Linden Drive	Street Address: 435 Red Chimney Drive
City: Providence, State: RI, Zip: 02906	City: Warwick, State: RI, Zip: 02886
Director Name: Stephanie Ryan	Director Name: Christopher Ryan
Street Address: 1 Strathmore Place	Street Address: 923 Snake Hill Road
City: Cranston, State: RI, Zip: 02920	City: N. Scituate, State: RI, Zip: 02857

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
2500	Common	No Par

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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 Representative	Date
Michael Bigney	1/12/2025

Signature of Authorized Representative: Michael Bigney

FILED
JAN 15 2025
BY 9THEm

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

FORM 630- Revised: 12/2023