RI SOS Filing Number: 202562595860 Date: 1/15/2025 4:00:00 PM



## State of Rhode Island

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

Annual Report for the year: 2025 Partnership (LP, LLP, LLLP)

→ 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 Partnership					
000049090	Burrillville Health Center Associates Limited Partnership					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
623110	<b>!</b>					
5. State of Formation	Operate a nursing facility					
Rhode Island						
6. Principal Office Address			City		State	Zip
588 Pawtucket Avenue			Pawtucket	1	RI	02860
7. The name and business address of each general partner or one or more partner(s):  LP and LLLP only: an amendment is required to record a change in general partner(s) - use Form 301 (domestic) or Form 351 (foreign).						
PARTNER		BUSINESS ADDRESS				
Michael Bigney		588 Pawtucket Avenue Pawtucket, RI 02860				
Kelly Arnold		588 Pawtucket Avenue Pawtucket, RI 02860				
Stephanie Ryan		588 Pawtucket Avenue Pawtucket, RI 02860				
Christopher Ryan		588 Pawtucket Avenue Pawtucket, RI 02860				
Under penalty of perjury, I de and correct.	clare and affirm t	hat I have exam	ined this report, and that ai	ll statem	nents contained	herein are true
Name of General Partner or A		Date				
Michael Bigney				1/12/2025		
Signature of General Partner or Authorized Representative						

MAIL TO:

**Division of Business Services** 

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

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

