

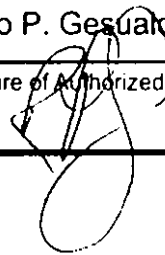


**State of Rhode Island**  
**Department of State - Business Services Division**

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.

FIELD  
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 BY 16496 *R*

1. Entity ID Number <b>000116873</b>		2. Exact name of the Limited Liability Company <b>Generations Adult Day Health Center, LLC</b>	
3. NAICS Code <b>624120</b>		4. Brief description of the character of business conducted in Rhode Island <b>To own and operate an adult daycare and do all things incidental thereto.</b>	
5. State of Formation <b>RI</b>			
6. Principal Office Address <b>267 Jenckes Hill Road</b>		City <b>Smithfield</b>	State <b>RI</b>
Zip <b>02917</b>			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>Rocco P. Gesualdi</b>		Contact Title <b>Member</b>	
Street Address <b>267 Jenckes Hill Road</b>		City <b>Smithfield</b>	State <b>RI</b>
Zip <b>02917</b>			
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. <i>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.</i>			
Name of Authorized Person <b>Rocco P. Gesualdi</b>		Date <b>1-29-25</b>	
Signature of Authorized Person 			

**MAIL TO:**

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