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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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 001745602	2. Exact name of the Limited Liability Company AdviniaCare Bristol Rehab Center, LLC		
3. NAICS Code 623110	4. Brief description of the character of business conducted in Rhode Island To own and operate a long term care facility		
5. State of Formation Rhode Island			
6. Principal Office Address 1 Dawn Hill Road	City Bristol	State RI	Zip 02809
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Frederick S. Frankel	Contact Title Member		
Street Address 4655 W. Chase Avenue	City Lincolnwood	State IL	Zip 60712
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 Frederick S. Frankel		Date 9/25/25	
Signature of Authorized Person			

FILED
OCT 16 2025
BY KV QNVOPT
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MAIL TO:
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