

ANNUAL REGISTRATION STATEMENT
INDEPENDENT LIVING RETIREMENT COMMUNITY
UNDER RSA 161-J

NAME OF FACILITY/COMMUNITY:

MAILING ADDRESS:

PHYSICAL ADDRESS (if different from mailing address):

TELEPHONE NUMBER: _____ E-MAIL ADDRESS: _____

Note: RSA 161-J:3 specifically excludes continuing care communities and nursing homes as defined by RSA 420-D.

REGISTERED AGENT (if applicable) (If the facility is incorporated, you are required to provide the name, address and telephone number of the registered agent)

DESCRIPTION OF THE TYPE OF AVAILABLE SERVICES THE FACILITY PROVIDES OR OFFERS:

**THE INDEPENDENT LIVING RETIREMENT COMMUNITY SHALL ENSURE THAT THIS
REGISTRATION STATEMENT IS AVAILABLE TO CURRENT AND PROSPECTIVE RESIDENTS
OF THE COMMUNITY UPON REQUEST (RSA 161-J:10)**

Date: _____

Signature: _____

Title: _____

Print or Type Name _____

PLEASE RETURN THIS FORM TO:
NH ATTORNEY GENERAL – DEPARTMENT OF JUSTICE
CONSUMER PROTECTION & ANTITRUST BUREAU
33 CAPITOL STREET
CONCORD, NH 03301