2019 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

Rev. 1/2019