

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

Filing Period: September 1 - November 1 - Filing Fee: \$50.00* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

	s subject to a penalty jee of \$2					
1. ID No. 139498	2. Exact name of the limite The Ark of Life, LL	name of the limited liability company Ark of Life, LLC				
3. State of Formation Rhode Island 4. Brief description of the character of the business To bring in and provide home health			which is actually conducted in Rhode Island hcare services & all other lawful purposes			
5. Principal office address -981 B Kingstown Road			Peace Dale	State Rhode Island	<i>zip</i> 02879	
G. WATTER ADDRESS OF THE AND MOUNTAIN THE CONGRESS OF A SECOND CONTACT Name Marjorie F. Albright			Contact Title Manager			
Street Address . 981 B Kingstown Road			City Peace Dale	State Rhode Island	2ip 02879	
ander a fee hillion	erskinder reger in Messe Strong de strong	allige Court of the Armin on Line and Court of the Court	dia mampiana pang anggantang pangga Kalagong dipanggan panalah sa Propinsi		F WILLIAM BURGES	
Manager Name Marjorie F. Albright			Manager Name	Manager Name		
Street Address 981 B Kingstown Road			Street Address	Street Address		
City Peace Dale Manager Name	State Rhode Island	zip 1 02 <u>8</u> 79	City Manager Name	State	Zip	
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zíp	
	rently of record in the O		tate. Changes require filing of Fo	rm 642 - R.I.G.L. 7-16-11		

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

139498

their discharge and plants in the charge.

FILED

NOV 0 9 2009

By 736

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.

- 0

Signature of Authorized Person

Marjorie F. Albright

Print or Type Name of Authorized Person