State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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.*

1. ID No.	2. Exact name of the limited liability company		
139498	The Ark of Life, LLC		
3. State of Formation	**4. Brief description of the character of the business which is actually conducted in Rhode Island**		
Rhode Island	To bring in and provide home healthcare services & all other lawful purposes		
5. Principal office address	**City**	**State**	**Zip**
981 B Kingstown Road	Peace Dale	Rhode Island	02879

B. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF CONTACT PERSON

Contact Name	Contact Title		
Marjorie F. Albright	Manager		
Street Address	**City**	**State**	**Zip**
981 B Kingstown Road	Peace Dale	Rhode Island	02879

C. NAME AND ADDRESS OF [illegible] MANAGERS

Manager Name	Manager Name
Marjorie F. Albright	
Street Address	**Street Address**
981 B Kingstown Road	
City / State / Zip	**City / State / Zip**
Peace Dale / Rhode Island / 02879	
Manager Name	**Manager Name**
Street Address	**Street Address**
City / State / Zip	**City / State / Zip**

D. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 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).

[redacted] 139498

FILED
NOV 09 2009
By 7756

[redacted]

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.

Marjorie F. Albright 10/27/09
Signature of Authorized Person *Date*

[redacted]

Marjorie F. Albright
Print or Type Name of Authorized Person

Form 632 Rev. 08/08