



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>507 380</u>		2. Exact name of the limited liability company <u>Comfort LLC dba Comfort Home Care services.</u>			
3. State of Formation <u>Rhode Island</u>		4. Brief description of the character of business conducted in Rhode Island <u>Home Health Agency</u>			
5. Principal office address <u>165 Dyerville Ave, Suite #4</u>		City <u>Johnston</u>	State <u>R.I.</u>	Zip <u>02919</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>OGANESS T GEVORKIAN</u>		Contact Title <u>member</u>			
Street Address <u>205 Bellevue Dr.</u>		City <u>Glendale</u>	State <u>CA</u>	Zip <u>91201</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED 1100

AUG 28 2012

BY DL 177697

2012 AUG 28 AM 11:00
CORPORATIONS DIV

File Date
Check No
By:
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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.

Oganes Gevorkian 8-28-12
Signature of Authorized Person Date
OGANESS T GEVORKIAN
Print or Type Name of Authorized Person