

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. 150249	2. Exact name of the limited liability company Cardullo Senior Care Consultants, LLC				
3. State of Formation	Brief description of the character of business conducted in Rhode Island Consultants to assisted living nursing homes and any health care facilities for compliance regulation.				
5. Principal office address 14 Country View Drive			City Johnston	State RI	Zip 02919
6. MAILING ADDRESS OF	LIMITED LIABILE	TY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:	
Contact Name JoAnn S. Cardullo		Contact Title			
treet Address 14 Country View Drive			City Johnston	State RI	Zip 02919
7. LIST ALL MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD	PRESSES) OF THE	LIMITED LIABILITY COMPANY,	F APPLICABLE - DO	NOT LIST MEMBERS
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
Oity					
8. RESIDENT AGENT IN R	HODE ISLAND				

FILED

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By MMC

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File Date	<u>in refnii la ean</u>		٠.
Check No			
By:			10
FOR SEC	RETARY OF ST	ATE USE ONLY	

and that all statements contained herein are true and correct.

Signature of Authorized Person

Date

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,

Joxnn S. Cardullo

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012