



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

2013

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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. 119268		2. Exact name of the limited liability company HOME CARE MANAGEMENT CONSULTANTS, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island HOME CARE MANAGEMENT SERVICES AND CONSULTING			
5. Principal office address 227 PHENIX AVE		City CRANSTON	State RI	Zip 02920	
Contact Name NICHOLAS PASSARELLI, JR.		Contact Title			
Street Address 227 PHENIX AVE		City CRANSTON	State RI	Zip 02920	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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

OCT 04 2013

BY Ch 207526

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Person

NICHOLAS PASSARELLI, JR.

Print or Type Name of Authorized Person

Date

2013 OCT -4 PM 1:10
SECRETARY OF STATE
CORPORATIONS DIVISION

9-18-13