

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

Fee: \$50.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Limited Liability Company Annual Report

Filing Period: September 1 - November 1

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.

ANNUAL REPORT YEAR: 2014

1. **ID No.** 000132631

- 2. Exact Name of the Limited Liability Company Hope Nursing Home Care, LLC
- 3. State of Formation

State: RI

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

PROVIDING nursing care, PERSONAL HEALTH CARE, COMPANIONSHIP AND HOMEMAKING IN RESIDENTIAL SETTING

5. Principal Office Address

No. and Street: 478 RESERVOIR AVENUE

City or Town: CRANSTON State: RI Zip: 02910 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: P.O. BOX 214

City or Town: <u>EAST GREENWICH</u> State: <u>RI</u> Zip: <u>02818</u> Country: <u>USA</u>

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	AIYUN QI	200 ADIRONDACK DRIVE EAST GREENWICH, RI 02818- USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

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

Signed this 27 Day of August, 2014 at 10:58:28 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By LUNING SUN

Signature of Authorized Person

Form No. 632 Revised 09/07

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