



**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. 000148589

2. Exact Name of the Limited Liability Company About Families, LLC

3. State of Formation

State: RI

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

COMPREHENSIVE SERVICES FOR CHILDREN WITH SPECIAL NEEDS & THEIR FAMILIES

5. Principal Office Address

No. and Street: 203 CONCORD STREET, SUITE 335

City or Town: PAWTUCKET

State: RI Zip: 02860 Country: USA

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

Contact Name: MICHAEL CANCELLIERE Contact Title: PRESIDENT/CEO

No. and Street: 203 CONCORD STREET, SUITE 335

City or Town: PAWTUCKET

State: RI Zip: 02860 Country: USA

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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	DALE KLATZKER	528 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
MANAGER	JUNE GRODEN	86 MT HOPE AVENUE PROVIDENCE, RI 02906 USA
MANAGER	HELEN MORCOS	610 MANTON AVENUE PROVIDENCE, RI 02909 USA
MANAGER	JOHN KELLY	1000 EDDY STREET PROVIDENCE, RI 02905 USA
MANAGER	DENISE PATNODE	528 NORTH MAIN STREET

		PROVIDENCE, RI 02904 USA
MANAGER	ROBERT MANNY	1000 EDDY STREET PROVIDENCE, RI 02905 USA
MANAGER	GRACE TOE	610 MANTON AVENUE PROVICENCE, RI 02909 USA

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

MICHAEL CANCELLIERE 203 CONCORD STREET, SUITE 335 PAWTUCKET , RI 02860

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

Signed this 21 Day of October, 2014 at 8:08:41 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 MICHAEL CANCELLIERE
Signature of Authorized Person

Form No. 632
Revised 09/07

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