



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 2014

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

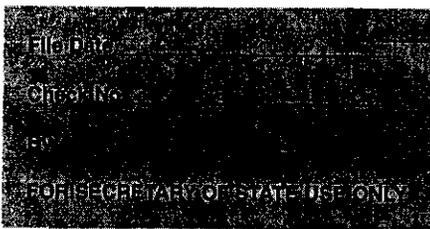
Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>000850842</u>		2. Exact name of the limited liability company <u>Helping Hands Senior Services LLC</u>			
3. State of Formation <u>LLC</u>		4. Brief description of the character of business conducted in Rhode Island <u>homecare, shopping, and personal services</u>			
5. Principal office address <u>200 Heroux Blvd. Unit 907</u>		City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>	
CONTAINING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF THE CONTACT PERSON					
Contact Name <u>Marian Lee</u>			Contact Title <u>Owner/Founder</u>		
Street Address <u>200 Heroux Blvd. Unit 907</u>		City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>	
LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY IF APPLICABLE. DO NOT LIST MEMBERS. (BY BOX OR 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
RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

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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.

Marian Lee 05/08/15
 Signature of Authorized Person Date

Marian Lee
 Print or Type Name of Authorized Person