



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

2014

## 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.<br><b>312217</b>   |       | 2. Exact name of the limited liability company<br><b>Geriatric Solutions, LLC</b>   |                    |                     |     |
| 3. State of Formation<br><b>RI</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Geriatric medical care and consultation</b> |                    |                     |     |
| 5. Principal office address<br><b>370 Read Street</b>   |       | City<br><b>Seekonk</b>  | State<br><b>MA</b> | Zip<br><b>02771</b> |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |       |   |                    |                     |     |
| Contact Name<br><b>Dr. Cynthia Holzer</b>   |       | Contact Title<br><b>President</b>   |                    |                     |     |
| Street Address<br><b>370 Read Street</b>  |       | City<br><b>Seekonk</b>  | State<br><b>MA</b> | Zip<br><b>02771</b> |     |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS<br>("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.   |       |   |                    |                     |     |

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SECRETARY OF STATE  
CORPORATIONS DIV

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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.

Cynthia Holzer  
Signature of Authorized Person

5/14/15  
Date

CYNTHIA HOLZER  
Print or Type Name of Authorized Person