



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: 2016

1. ID No. 000148589

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

3. State of Formation

State: RI

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6

62

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: 610 MANTON AVENUE

City or Town: PROVIDENCE

State: RI

Zip: 02909

Country: USA

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

Contact Name: SARAH OSTROM Contact Title:

No. and Street: 610 MANTON AVENUE

City or Town: PROVIDENCE

State: RI

Zip: 02909

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	JUNE GRODEN	86 MT HOPE AVENUE PROVIDENCE, RI 02906 USA
MANAGER	HELEN MORCOS	610 MANTON AVENUE

MANAGER	GRACE TOE	PROVIDENCE, RI 02909 USA 610 MANTON AVENUE PROVICENCE, RI 02909 USA
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**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 19 Day of September, 2016 at 12:25:27 PM 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