



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. 000796614

2. Exact Name of the Limited Liability Company Correct Care, LLC

3. State of Formation

State: FL

ARTICLE III

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

NAICS Code  62

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

PROVIDE HEALTHCARE TO INMATES AND DETAINEES

5. Principal Office Address

No. and Street: 621 N.W. 53 STREET  
SUITE 700

City or Town: BOCA RATON State: FL Zip: 33487 Country: USA

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

Contact Name: CORPORATE PARALEGAL Contact Title:

No. and Street: 1283 MURFREESBORO PIKE  
SUITE 500

City or Town: NASHVILLE State: TN Zip: 37217 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	PATRICK CUMMISKEY	1283 MURFREESBORO PIKE, SUITE 500

		NASHVILLE, TN 37217 USA
MANAGER	JUAN PEREZ	1283 MURFREESBORO PIKE, SUITE 500 NASHVILLE, TN 37217 USA
MANAGER	DAVID PERRY	1283 MURFREESBORO PIKE, SUITE 500 NASHVILLE, TN 37217 USA
MANAGER	JORGE DOMINICIS	1283 MURFREESBORO RD., STE 500 NASHVILLE, TN 37217 USA
MANAGER	CARY MCCLURE	1283 MURFREESBORO RD., STE 500 NASHVILLE, TN 37217 USA

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

CORPORATE CREATIONS NETWORK INC. 10 DORRANCE STREET, SUITE 700 PROVIDENCE , RI 02903

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

**Signed this 22 Day of September, 2016 at 1:22:46 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 CARY MCCLURE  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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