



**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. 000238672

2. Exact Name of the Limited Liability Company MARIA CERINO, LLC

3. State of Formation

State: CT

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

SENIOR IN-HOME (NON-MEDICAL) COMPANION CARE. THIS INCLUDES
SOCIALIZATION AND
COMPANION CARE, LIGHT HOUSEKEEPING, COOKING, AND LIGHT YARD WORK.
CARE IS
PROVIDED IN THE SENIORS HOME OR APARTMENT, INCLUDING IN ASSISTED LIVING
FACILITIES. IN RI WE DO NOT PROVIDE HANDS ON, PERSONAL CARE.

5. Principal Office Address

No. and Street: 8 BOULDER AVENUE

City or Town: STONINGTON

State: CT

Zip: 06378

Country: USA

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

Contact Name: MARIA CERINO Contact Title: OWNER

No. and Street: 8 BOULDER AVENUE

City or Town: STONINGTON

State: CT

Zip: 06378

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
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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**

MICHELLE STOWE 45 FOSTER DRIVE CHARLESTOWN , RI 02813

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

Signed this 30 Day of September, 2016 at 11:17:35 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 MARIA CERINO
Signature of Authorized Person

Form No. 632
Revised 09/07