



**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: 2017

1. ID No. 001668661

2. Exact Name of the Limited Liability Company One Solution Home Care, LLC

3. State of Formation

State: MA

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

WE PROVIDE HOME CARE SERVICES FOR THE ELDERLY.

5. Principal Office Address

No. and Street: 2224 PAWTUCKET AVENUE

City or Town: EAST PROVIDENCE

State: RI

Zip: 02914

Country: USA

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

Contact Name: DAWN DOUGLAS Contact Title: CEO

No. and Street: 2224 PAWTUCKET AVENUE

City or Town: EAST PROVIDENCE

State: RI

Zip: 02914

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	DAWN M DOUGLAS	245 RAILROAD STREET MANVILLE, RI 02838 USA
MANAGER	JEFFREY N CORRIERI	256 RAILROAD STREET MANVILLE, RI 02838 USA

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

JOANNA M. ACHILLE, ESQ. 1500 NOOSENECK HILL ROAD COVENTRY , RI 02816

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

Signed this 1 Day of May, 2017 at 12:17:15 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 DAWN M DOUGLAS
Signature of Authorized Person

Form No. 632
Revised 09/07