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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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Annual Report for the year: $\frac{200}{200}$ **Limited Liability Company**

2017 AUG -7 PM 2: 22

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact name of the Limited Liability Company				
1149783	The Nightingales Home Health Care Luc				
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island				
Lhode	Long term in home care tor the				
island	udeny				
5. Principal Office Address			City	State	Zip
238 benefit Street			Payrucket	R.1	02841
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name DNTTNI V Marsland			Contact Title Contact Title		
Street Address Bln141 StVUt			Pawrucket	State	Zip (TEU)
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
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
Check the box to indicate an attachment					
8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person Date					
Buttney M	arslar	od	7/12/17		
Signature of Authorized Person					
DITUTSTUTST					
		1			2:22 nm

FILED

AUG 07 2017

BY C 18042644

MAIL TO **Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov