



State of Rhode Island and Providence Plantations  
 Department of State - Business Services Division

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Annual Report for the year: 2017  
 Limited Liability Company

- 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 000846741		2 Exact name of the Limited Liability Company US HomeMed, LLC			
3 NAICS Code 446199		4. Brief description of the character of business conducted in Rhode Island MEDICAL EQUIPMENT/NEBULIZER MACHINE			
5 State of Formation NJ					
6 Principal Office Address 56 PINE STREET		City PROVIDENCE	State RI	Zip 02903	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name MICHAEL JENSEN			Contact Title PRESIDENT		
Street Address 58 BROAD STREET		City MANASQUAN	State NJ	Zip 08736	
8 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 <input type="checkbox"/>					
9 Resident Agent in Rhode Island This information is currently of record with 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 MICHAEL JENSEN				Date 9/26/17	
Signature of Authorized Person 		SIGN DOCUMENT HERE			

MAIL TO:  
 Division of Business Services  
 148 W River Street, Providence, Rhode Island 02904-2615  
 Phone (401) 222-3040  
 Website www.sos.ri.gov

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