



**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. 001663169

2. Exact Name of the Limited Liability Company DRYNACHAN, LLC

3. State of Formation

State: DE

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

621610

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

THE PROVISION OF IN-HOME ASSESSEMENTS AND CARE MANAGEMENT SERVICES.

5. Principal Office Address

No. and Street: 14121 PARKE LONG COURT
SUITE 201

City or Town: CHANTILLY

State: VA Zip: 20151 Country: USA

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

Contact Name: Contact Title:

No. and Street: 14121 PARKE LONG COURT
SUITE 201

City or Town: CHANTILLY

State: VA Zip: 20151 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	ALLEN F. WISE	14121 PARKE LONG COURT SUITE 201

		CHANTILLY, VA 20151 USA
MANAGER	MARC L. WISE	14121 PARKE LONG COURT SUITE 201 CHANTILLY, VA 20151 USA
MANAGER	BRIAN J. WISE	14121 PARKE LONG COURT SUITE 201 CHANTILLY, VA 20151 USA

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

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

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

Signed this 11 Day of October, 2017 at 8:04:40 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 MATTHEW SAWYER
Signature of Authorized Person

Form No. 632
Revised 09/07

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