



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. 000146012

2. Exact Name of the Limited Liability Company NATIONAL MENTOR HEALTHCARE, 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.

623210

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

HEALTH AND HUMAN SERVICES

5. Principal Office Address

No. and Street: 313 CONGRESS STREET

5TH FLOOR

City or Town: BOSTON

State: MA

Zip: 02210

Country: USA

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

Contact Name: Contact Title:

No. and Street: 313 CONGRESS STREET

5TH FLOOR

City or Town: BOSTON

State: MA

Zip: 02210

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	BRUCE F. NARDELLA	313 CONGRESS STREET, 5TH FLOOR

		BOSTON, MA 02210 USA
MANAGER	DAVID M. PETERSEN	313 CONGRESS STREET, 5TH FLOOR BOSTON, MA 02210 USA
MANAGER	DENIS M. HOLLER	313 CONGRESS STREET, 5TH FLOOR BOSTON, MA 02210 USA
MANAGER	BRETT I. COHEN	313 CONGRESS STREET, 5TH FLOOR BOSTON, MA 02210 USA

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

CT CORPORATION SYSTEM 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 19 Day of October, 2017 at 3:24:29 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 GINA L. MARTIN
Signature of Authorized Person

Form No. 632
Revised 09/07

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