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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 143479		2. Exact name of the Limited Liability Company MORNING STAR HOME CARE, LLC				
3. NAICS Code 621610		Brief description of the character of business conducted in Rhode Island HOME CARE				
5. State of Formation RI						
6. Principal Office Address 349 CENTERVILLE ROAD, BLDG 6			City WARWICK	State RI	Zip 02886	
7. Mailing Address of Limite	ed Liability Compa	any and Name o		•		
Contact Name JOSEPH ONYEJOSE			Contact Title MEMBER			
Street Address 349 CENTERVILLE ROAD, BLDG 6			City WARWICK	State RI	^{Zip} 02886	
8. List ALL managers (nam	es and addresse	s) of the Limited	Liability Company, IF APPLICAE	BLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	Crty	State	Zip	
				Check the box to	indicate an attachment	
9. Resident Agent in Rhode	Island. This infor	mation is currently	of record with the Department of Sta	te. Changes require filir	ng Form 642.	
Under penalty of perjury, statements, and that all s			examined this report, including true and correct.	g any accompanyin	g schedules and	
Name of Authorized Person				Date		
JOSEPH ONYEJOSE				lo	-18-17	
Signature of Authorized Pe		Mann St.	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 OCT 1 9 2017

FORM 632 - Revised: 08/2017