



**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. 000796614

2. Exact Name of the Limited Liability Company CORRECT CARE, LLC

3. State of Formation

State: FL

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.

622110

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

PROVIDE HEALTHCARE TO INMATES AND DETAINEES

5. Principal Office Address

No. and Street: 621 N.W. 53 STREET

SUITE 700

City or Town: BOCA RATON

State: FL

Zip: 33487

Country: USA

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

Contact Name: GENERAL COUNSEL Contact Title:

No. and Street: 1283 MURFREESBORO PIKE

SUITE 500

City or Town: NASHVILLE

State: TN

Zip: 37217

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	PATRICK CUMMISKEY	1283 MURFREESBORO PIKE, SUITE 500

		NASHVILLE, TN 37217 USA
MANAGER	JUAN PEREZ	1283 MURFREESBORO PIKE, SUITE 500 NASHVILLE, TN 37217 USA
MANAGER	DAVID PERRY	1283 MURFREESBORO PIKE, SUITE 500 NASHVILLE, TN 37217 USA
MANAGER	JORGE DOMINICIS	1283 MURFREESBORO RD., STE 500 NASHVILLE, TN 37217 USA
MANAGER	DAVID L. PERRY	1283 MURFREESBORO PIKE, SUITE 500 NASHVILLE, TN 37217 US

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

CORPORATE CREATIONS NETWORK INC. 10 DORRANCE STREET, SUITE 700 PROVIDENCE , RI
02903

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

Signed this 7 Day of November, 2017 at 3:07:48 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 SARAH MORGENSTERN
Signature of Authorized Person

Form No. 632
Revised 09/07

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