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

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CORPORATIONS DIV
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Annual Report for the year: 2018
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	2. Exact name of the Limited Liability Company
1667188	HOME CARE NETWORKS LLC
3. NAICS Code: 621610	4. Brief description of the character of business conducted in Rhode Island: HOME CARE
5. State of Formation: RI	

6. Principal Office Address	City	State	Zip
30 AMORY STREET	PROV	RI	02904

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

Contact Name	Contact Title		
ANGELA AGWUNOBI	CHIEF EXCUTIVE ~~OFFER~~ OFFICER		
Street Address	**City**	**State**	**Zip**
30 AMORY STREET	PROVIDENCE	RI	02904

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 ☐

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	Date
ANGELA AGWUNOBI	9/4/18

Signature of Authorized Person: AGWUNOBI

FILED
SEP 04 2018
BY KL 9P732
12:37

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