



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

STAMP

Annual Report for the year: 2018

## Limited Liability Company

- Filing period: September 1 - November 1  
→ Filing Fee: \$50.00 *CK# 375*  
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number <b>1336004</b>		2. Exact name of the Limited Liability Company <b>HOME CARE ASSISTANCE OF RI LLC</b>			
3. NAICS Code <i>621620</i> <i>Home care services (except public health)</i>		4. Brief description of the character of business conducted in Rhode Island <b>Home care and assistance for elderly individuals non medical.</b>			
5. State of Formation <b>Deleware</b>					
6. Principal Office Address <b>50 South County Commons Way E-7</b>			City <b>South Kingstown</b>	State <b>RI</b>	Zip <b>02879</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Patricia Schumacher</b>			Contact Title <b>Manager</b>		
Street Address <b>50 South County Commons Way E-7</b>			City <b>South Kingstown</b>	State <b>RI</b>	Zip <b>02879</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Patricia Schumacher</b>			Manager Name		
Street Address <b>16 Carver Lane</b>			Street Address		
City <b>South Kingstown</b>	State <b>RI</b>	Zip <b>02882</b>	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<b>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.</b>					
Name of Authorized Person <b>Patricia Schumacher</b>				Date <b>09/27/2018</b>	
Signature of Authorized Person <i>Patricia Schumacher</i>				SIGN 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

FILED

OCT 10 2018

BY

*375**DS*

FORM 632 - Revised: 08/2016