



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
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 1336957		2. Exact name of the Limited Liability Company SENIOR CARE FUNDING, LLC			
3. NAICS Code 541611		4. Brief description of the character of business conducted in Rhode Island FINANCIAL SERVICES			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 501 CENTERVILLE ROAD, SUITE 105A		City WARWICK		State RI	Zip 02886
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name JOSEPH RAHEB			Contact Title ATTORNEY		
Street Address 650 WASHINGTON HWY., SUITE 200		City LINCOLN		State RI	Zip 02865
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name NONE			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 <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.					
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 DAVID R. BALL, Member, Senior Care Funding, LLC				Date 10-31-18	
Signature of Authorized Person X <i>David R. Ball</i> SENIOR CARE FUNDING, LLC					

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

NOV 02 2018

BY 2518 DS

FORM 632 - Revised: 10/2017