

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	I	2. Exact name of the Limited Liability Company Davenport Associates Partners, LLC					
866244							
3. NAICS Code	4. Brief descrip	Brief description of the character of business conducted in Rhode Island To own an Interest in a venture that provides home health services to patients.					
621999	To own an In						
5. State of Formation							
Rhode Island							
. Principal Office Address			City	State	Zip		
100 Randall Street			Providence	RI	02904		
7. Mailing Address of Limite	ed Liability Company	and Name or Tit	le of Contact Person				
Contact Name Karen L. Lally			Contact Title Manager				
Street Address 100 Randall Street			City Providence	State RI	^{Zip} 02904		
8. List ALL managers (nam	nes and addresses) o	of the Limited Lia	bility Company, IF APPLICAB	LE - DO NOT LIST	MEMBERS		
Manager Name Clark Rheinstein			Manager Name ivette Fantasia				
Street Address 111 Wood Hollow Road			Street Address 154 Danielson Pike				
City Wakefield	State RI	^{Zip} 02879	Cily North Scituate	State RI	^{Zip} 02857		
Manager Name Lucille Massemino			Manager Name Karen L. Lally				
Street Address 634 Central Pike			Street Address 479 Round Top Road				
City North Scituate	State RI	Zip 02857	City Harrisville	StateRI	^{Zip} 02890		
				Check the box to	indicate an attachment		
9. Resident Agent in Rhod	e Island. This informat	tion is currently of r	ecord with the Department of Stat	te. Changes require fili	ing Form 642.		
Under penalty of perjury statements, and that all	, I declare and affire statements contains	n that I have extended herein are tro	amined this report, including ue and correct.	g any accompanyli	ng schedules and		
			Date	Date			
Name of Authorized Person Karen L. Lally Signature of Authorized Person KARALA Y					1/6/18		
Signature of Authorized Pr	erson	1	NO CARROLLE NO				
Kares X	-						

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

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