



**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:** 2018

**1. ID No.** 001673652

**2. Exact Name of the Limited Liability Company** Dementia Training for Life, LLC

**3. State of Formation**

State: RI

**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.

541690

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

I PROVIDE EDUCATIONAL AND CONSULTING SERVICES TO ALL LEVELS OF  
HEALTHCARE  
PROFESSIONALS, FIRST RESPONDERS, FAMILIES AND THE GENERAL PUBLIC ON ALL  
FORMS OF DEMENTIA AND HOW TO PROVIDE PERSON CENTERED CARE.  
ADDITIONAL  
EMPHASIS IS ON HEALTHY AND PURPOSEFUL AGING.

**5. Principal Office Address**

No. and Street: 299 NORWOOD AVE

City or Town: CRANSTON

State: RI

Zip: 02905-2711

Country: USA

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

Contact Name: LAURIE G MANTZ, OTR Contact Title: CEO AND FOUNDER

No. and Street: 299 NORWOOD AVE

City or Town: CRANSTON

State: RI

Zip: 02905-2711

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
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**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

LAURIE G MANTZ 299 NORWOOD AVE CRANSTON , RI 02905

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

**Signed this 28 Day of May, 2019 at 12:00:32 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 LAURIE G. MANTZ, OTR, CADDCT  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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