	S	tate of Rhode Island and F Office of the Secre		tions Fee: \$50.00
		Division Of Busin		
148 W. River Street				
		Providence RI 0 (401) 222-		
HOPE				
Limited Liabilit	-	pany		
Annual Report Filing Period: Septe		- November 1		
In accordance with	RIGI	7-16-66(d), each limited liability co	mpany failing or refusi	na
		in thirty (30) days after the time pre		
16-66(b&c)) is subj	ect to a	penalty fee of \$25.00.		
ANNUAL REPORT YEAR: 2019				
1. ID No. <u>000159912</u>				
2. Exact Name of the Limited Liability Company <u>RESPONSELINK, LLC</u>				
3. State of Formation				
State: DE				
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.				
		<u></u>		
<u>561621</u>				
4. Brief Descripti	on of th	e Character of the Business Wh	ch is Actually Condu	cted in Rhode Island
PROVIDE PERSONAL EMERGENCY RESPONSE SERVICES				
5. Principal Offic	e Addre	55		
No. and Street:		COMMERCE PARK DR		
City or Town:	<u>SUITI</u> WILI	<u>300</u> IAMSPORT	State: PA Zip: 17	701 Country: USA
			<u>5 (iii) 17</u> 2ip. <u>17</u>	<u>701</u> Country: <u>0071</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name: Contact Title:				
No. and Street: 1000 COMMERCE PARK DR SUITE 300				
City or Town:	<u>WILLIAMSPORT</u> State: <u>PA</u> Zip: <u>17701</u> Country: <u>USA</u>			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title		Individual Name	Δ	ddress
		First, Middle, Last, Suffix		vn, State, Zip Code, Country

SHAYNE FITZ-COY

1000 COMMERCE PARK DR SUITE 300

MANAGER

WILLIAMSPORT, PA 17701 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

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

Signed this 13 Day of August, 2019 at 2:17:17 AM 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 SHAYNE FITZ-COY

Signature of Authorized Person

Form No. 632 Revised 09/07

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