



**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:** 2019

**1. ID No.** 000505929

**2. Exact Name of the Limited Liability Company** CARING RESPONDERS LLC

**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.

621610

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

PROVIDER OF PERSONAL EMERGENCY RESPONSE SYSTEMS AND RELATED  
PRODUCTS &  
SERVICES.

**5. Principal Office Address**

No. and Street: 19387 US HWY 19 N

City or Town: CLEARWATER

State: FL

Zip: 33764

Country: USA

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

Contact Name: SUSAN YANUSH Contact Title: INDIRECT TAX MANAGER

No. and Street: 19387 US HWY 19 NORTH

City or Town: CLEARWATER

State: FL

Zip: 33764

Country: USA

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

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

MANAGER	GREG G MCCARTHY	19387 US 19 NORTH CLEARWATER, FL 33764 USA
MANAGER	CRISPIN TEUFEL	19387 US 19 NORTH CLEARWATER, FL 33764 USA
MANAGER	TRACY VEILLETTE	19387 US HWY 19 N CLEARWATER, FL 33764 USA

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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
PROVIDENCE , RI 02914

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

**Signed this 3 Day of September, 2019 at 3:02:19 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 CRISPIN TEUFEL  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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