



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**FILED**

**STAMP**

**Annual Report for the year: 2019**  
**Limited Liability Company**

SEP 09 2019

FOR SECRETARY OF STATE USE ONLY

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

BY HS DS

1. Entity ID Number <b>877671</b>		2. Exact name of the Limited Liability Company <b>COASTAL CAREGIVERS, LLC</b>			
3. NAICS Code <b>81 - Other Services (except P)</b> <i>621610</i>		4. Brief description of the character of business conducted in Rhode Island <b>At home personal care including, but not limited to, house maintenance, personal assistance/general needs as well as any other lawful purpose for which a limited liability company may conduct business within the State of Rhode Island.</b>			
5. State of Formation <b>Rhode Island</b>					
6. Principal Office Address <b>141 Shirley Drive</b>			City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Dana Hollis</b>			Contact Title		
Street Address <b>141 Shirley Drive</b>			City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>NONE</b>			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.					
<i>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.</i>					
Name of Authorized Person <b>Dana Hollis</b>				Date	
Signature of Authorized Person <i>Dana Hollis</i>				SIGN DOCUMENT HERE	

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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 Website: www.sos.ri.gov