



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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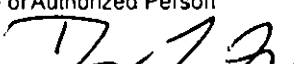
Annual Report for the year: **2019**

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 000675987		2. Exact name of the Limited Liability Company Balanced Life Solutions, LLC			
3. NAICS Code 623311		4. Brief description of the character of business conducted in Rhode Island COMPANION ASSISTANT FOR OLDER ADULTS			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 117 GREENFIELD AVENUE			City PORTSMOUTH	State RI	Zip 02871
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name NANCY B. LUONGO-FIELDING			Contact Title MEMBER		
Street Address 117 GREENFIELD AVENUE			City PORTSMOUTH	State RI	Zip 02871
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name N/A			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.					
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.					
Name of Authorized Person David J. Fox				Date 10/28/2019	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

OCT 30 2019
 BY **6023**
