



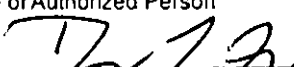
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

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.

STATE OF RHODE ISLAND
 DEPARTMENT OF STATE
 BUSINESS SERVICES DIVISION

| | | | | | |
|---|-------|--|-----------------------------|---------------------------|---------------------|
| 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 | | |

MAIL TO:
 Division of Business Services
 148 W River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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OCT 30 2019
 BY 6023
