



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 131842		2. Exact name of the limited liability company ElderCare Consultants, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island To perform consulting and other services, sell goods in connection with providing services			
5. Principal office address 40 Irving Avenue		City East Providence	State RI	Zip 02914	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Thomas S. Hemmendinger		Contact Title Attorney			
Street Address 362 Broadway		City Providence	State RI	Zip 02909	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name Karen C. Smith		Manager Name Paul R. Barrette			
Street Address 29 Hope Road		Street Address 4B Top Flight Drive			
City Cranston	State RI	Zip 02921	City Norton	State MA	Zip 02766
Manager Name Lee H. Arnold		Manager Name			
Street Address 80 Massasoit Drive		Street Address			
City Warwick	State RI	Zip 02888	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name THOMAS S. HEMMENDINGER		Address 362 Broadway			
Address		City Providence, RI		Zip 02909	

This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 3 1 8 4 2

File Date	10/3/05
Check No.	5667
By:	CS
FOR SECRETARY OF STATE USE ONLY	

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.

Karen C. Smith 9/20/2005
Signature of Authorized Person Date
Karen C. Smith
Print or Type Name of Authorized Person



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Address			City PROVIDENCE	Zip 02909-	

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131842 DLLC 09/20/04 12:20:52 PM

File Date _____
SEP 27 2004

Check No. _____

By: By [Signature]

FOR SECRETARY OF STATE USE ONLY [Signature]

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[Signature] 9/20/2004
Signature of Authorized Person Date

Karen C. Smith
Print or Type Name of Authorized Person