



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

**FILED**

NOV 29 2019

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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 <b>866244</b>		2. Exact name of the Limited Liability Company <b>Davenport Associates Partners, LLC</b>			
3. NAICS Code <b>621999</b>		4. Brief description of the character of business conducted in Rhode Island <b>To own an interest in a venture that provides home health services to patients.</b>			
5. State of Formation <b>Rhode Island</b>					
6. Principal Office Address <b>100 Randall Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Karen L. Lally</b>			Contact Title <b>Manager</b>		
Street Address <b>100 Randall Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Clark Rheinstein</b>			Manager Name <b>Ivette Fantasia</b>		
Street Address <b>111 Wood Hollow Road</b>			Street Address <b>154 Danielson Pike</b>		
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>
Manager Name <b>Lucille Masserino</b>			Manager Name <b>Karen L. Lally</b>		
Street Address <b>634 Central Pike</b>			Street Address <b>479 Round Top Road</b>		
City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>Harrisville</b>	State <b>RI</b>	Zip <b>02890</b>
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.					
<b>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.</b>					
Name of Authorized Person <b>Karen L. Lally</b> <i>Karen L. Lally</i>				Date <b>11/26/19</b>	
Signature of Authorized Person <i>Karen L. Lally</i>					

**MAIL TO:**

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