



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

FILED

Annual Report for the year: 2020

## 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.

AUG 26 2020

BY

7687 DS

1. Entity ID Number <b>1336004</b>		2. Exact name of the Limited Liability Company <b>HOME CARE ASSISTANCE OF RI LLC</b>			
3. NAICS Code <b>621610</b>		4. Brief description of the character of business conducted in Rhode Island <b>Home care and assistance for elderly individuals non medical.</b>			
5. State of Formation <b>Deleware</b>					
6. Pnncipal Office Address <b>50 South County Commons Way E-7</b>			City <b>South Kingstown</b>	State <b>RI</b>	Zip <b>02879</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Patricia Schumacher</b>			Contact Title <b>Manager</b>		
Street Address <b>50 South County Commons Way E-7</b>			City <b>South Kingstown</b>	State <b>RI</b>	Zip <b>02879</b>
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Patricia Schumacher</b>			Manager Name		
Street Address <b>16 Carver Lane</b>			Street Address		
City <b>South Kingstown</b>	State <b>RI</b>	Zip <b>02882</b>	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 <b>Patricia Schumacher</b>				Date <b>08/08/2020</b>	
Signature of Authorized Person <i>Patricia Schumacher</i>				SIGN DOCUMENT HERE	

\* Please note address update/PS.

## MAIL TO:

## Division of Business Services

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

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