

FILED

Annual Report for the year: 2020 Limited Liability Company

→ Filing period: September 1 - November 1

→ Filling Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by December 1.

	OCT 05 2020	√
BY_	1422	

1. Entity ID Number	2. Exact name of the Limited Liability Company						
001690789	JP Barrington, LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
621610	Home healthcare services						
5. State of Formation	1						
RI							
6. Principal Office Address			City	State	Zip		
76 Plantation Drive			Saunderstown	RI	02874		
7. Mailing Address of Limited Lia	bility Company	and Name or Title					
Contact Name Stephen V. Puleston			Contact Title Manager				
Street Address 76 Plantation Drive			City Saunderstown	State RI	^{Zip} 02874		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name Stephen V. Puleston			Manager Name				
Street Address 76 Plantation Drive			Street Address				
City Saunderstown	State RI	Zip ₀₂₈₇₄	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
		- t		Check the box to i	ndicate an attachment		
9. The Resident Agent information currently of record with the Rt Department of State is accurate. 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 Date / /							
Stephen V. Puleston			9/2	9/2020			
Signature of Authorized Person Stephen Falls							

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov