	State of Rhode Office of the Secreta	ry of State	Fee: \$50.00	
HOPE	Division Of Business 148 W. River St Providence RI 0290 (401) 222-304	reet 4-2615		
Limited Liability Company Annual Report Filing Period: September 1 - November 1				
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.				
ANNUAL REPORT YEAR: 2020				
1. ID No. <u>001667863</u>				
2. Exact Name of the Limited Liability Company $\underline{BKD PERSONAL ASSISTANCE SERVICES}$ , $\underline{LLC}$				
3. State of Formation				
State: <u>DE</u>				
ARTICLE III				
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.				
<u>623312</u>				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island				
NON MEDICAL SENIOR CITIZEN ANCILLARY SERVICES				
5. Principal Office Address				
No. and Street: <u>111 WESTWOOD PLACE</u> <u>SUITE 400</u>				
City or Town: BRENTWOOD State: TN Zip: 37027 Country: USA				
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name:LEGAL DEPT. Contact Title:No. and Street:111 WESTWOOD PLACE, SUITE 400City or Town:BRENTWOODState: TNZip: 37027 Country: USA				
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Co	ode, Country	

MANAGER	LUCINDA M BAIER	111 WESTWOOD PL #400 BRENTWOOD, TN 37027 USA
MANAGER	CHAD C WHITE	111 WESTWOOD PL #400 BRENTWOOD, TN 37027 USA
MANAGER	MARY SUE PATCHETT	111 WESTWOOD PL #400 BRENTWOOD, TN 37027 USA

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

## 9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 27 Day of October, 2020 at 4:44:42 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>CHAD C. WHITE</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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