



State of Rhode Island

Department of State - Business Services Division

STAMP

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.

FILED

OCT 26 2020

BY

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1. Entity ID Number 1686926		2. Exact name of the Limited Liability Company CareGivers RI, LLC			
3. NAICS Code 621610		4. Brief description of the character of business conducted in Rhode Island To provide home care services.			
5. State of Formation Rhode Island					
6. Principal Office Address 650 George Washington Hwy., Suite 102			City Lincoln	State RI	Zip 02865
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Ruth Mancell			Contact Title		
Street Address 650 George Washington Hwy., Suite 102			City Lincoln	State RI	Zip 02865
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	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. The Resident Agent information currently of record with the RI 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 Ruth Mancell				Date 10/19/2020	
Signature of Authorized Person					

MAIL TO:

Division of Business Services

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