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Annual Report for the year: 2020**Limited Liability Company**

→ Filing period: September 1 - November 1 → Filing Fee: \$50.00

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→ Penalty: Additional \$	25.UU tee it torm	is not tiled by Di	ecember 1.	BY	<u> </u>		
1. Entity ID Number	2. Exact na	2. Exact name of the Limited Liability Company					
1686926	CareGiver	CareGivers RI, LLC					
3. NAICS Code		4. Brief description of the character of business conducted in Rhode Island					
621610	To provide	e home care serv	ices.				
5. State of Formation							
Rhode Island					•		
6. Trincipal Office Address	rincipal Office Address			State	Zip		
650 George Washington Hwy., Suite 102			Lincoln	RI	02865		
7. Mailing Address of Limit		any and Name or	Title of Contact Person				
Contact Name Ruth Mancell		Contact Title	Contact Title				
Street Address 650 George Washington Hwy., Suite 102			City Lincoln	State RI	Zip 02865		
8. List ALL managers (nar	mes and addresse	s) of the Limited	Liability Company, IF APPLIC	ABLE - DO NOT LIST I	MEMBERS		
Manager Name		Manager Name	Manager Name				
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address .			
City	State	Zip	City	State	Zip		
	l			Check the box to i	ndicate an attachment		
			RI Department of State is ac				
Under penalty of perjury statements, and that all s	, I declare and aff statements conta	irm that I have (Ined herein are	examined this report, includ true and correct.	ling any accompanyin	g schedules and		
Name of Authorized Perso	on			Date	1 1		
Ruth Mancell				10	119/2020		
Signature of Authorized Pe	2000						

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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