State of Rhode Island Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Interview Street Providence RI 02904-2615 (401) 222-3040 ANNUAL REPORT YEAR: 2020 Int ID No. 000555388 2 Int ID No. 000555388 2 Exact Name of the Limited Liability Company KELLEY GEMMA LLC 3 State of Formation State: RI State of Formation State: RI ARTICLE III A Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island SOCIAL WORK IN HEALTH CARE 5 Principal Office Address						
148 W. River Street Providence RI 02904-2615 (401) 222-3040 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(b8/c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2020 1. ID No. 000555388 2. Exact Name of the Limited Liability Company KELLEY GEMMA LLC 3. State of Formation State: RI 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. 621112 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island SOCIAL WORK IN HEALTH CARE 5. Principal Office Address No. and Street: 130 TOWER HILL RD City or Town: Zip: 02852 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 130 TOWER HILL RD City or Town: Countact Title: No. and Street: 130 TOWER MILL RD City or Town: Countact Title: No. a				ate	Fee: \$50.00	
Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Ring Pariod: September 1 - November 1 In accordance with R.I.G.I. 7-6-66(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.I. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2020 1. ID No. 000555388 2. Exact Name of the Limited Liability Company KELLEY GEMMA LLCC 3. State of Formation State: RI 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. 621112 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island SOCIAL WORK IN HEALTH CARE 5. Principal Office Address No. and Street: 130 TOWER HILL RD City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 235 OLD FLAT RIVER RD City or Town: COVENTRY State: RI zip: 02816 Country: USA <t< td=""><td></td><td></td><td></td><td></td><td></td></t<>						
(401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-68(0.4) each limited liability company failing or refusing to file its annual report within thrify (20) days after the time prescribed by law (R.I.G.L. 7- 16-66(0&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2020 In ID No. 000555388 2. Exact Name of the Limited Liability Company KELLEY GEMMA LLC 3. State of Formation State: RI 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. 621112 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island SOCIAL WORK IN HEALTH CARE 5. Principal Office Address No. and Street: 130 TOWER HILL RD City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 235 OLD FLAT RIVER RD City or Town: COVENTRY State: RI zip: 02816 Country: USA 6. Mailing Address of Each Manager of the Limited Liabilit						
Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(b): 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):) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2020 1. ID No. 000555388 2. Exact Name of the Limited Liability Company KELLEY GEMMA LLC 3. State of Formation State: RI 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. 621112 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. 621112 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island SOCIAL WORK IN HEALTH CARE 5. Principal Office Address No. and Street: 130 TOWER HILL RD City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	HOPE					
to file its annual report within thirty (30) days after the time prescribed by faw (R.I.G.I. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2020 1. ID No. 0000555388 2. Exact Name of the Limited Liability Company KELLEY GEMMA LLC 3. State of Formation state: RI 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. 621112 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. 621112 A Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island SOCIAL WORK IN HEALTH CARE 5. Principal Office Address No. and Street: 130 TOWER HILL RD Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 235 OLD FLAT RIVER RD Contact Title: Name and Address of Eac	Annual Report					
1. ID No. 000555338 2. Exact Name of the Limited Liability Company KELLEY GEMMA LLC 3. State of Formation State: RI 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. 621112 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island SOCIAL WORK IN HEALTH CARE 5. Principal Office Address No. and Street: 130 TOWER HILL RD City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 235 OLD FLAT RIVER RD City or Town: COVENTRY State: RI Zip: 02816 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-					
2. Exact Name of the Limited Liability Company KELLEY GEMMA LLC 3. State of Formation State: RI 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. 621112 A Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island SOCIAL WORK IN HEALTH CARE 5. Principal Office Address No. and Street: 130 TOWER HILL RD City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 235 OLD FLAT RIVER RD City or Town: COVENTRY State: RI zip: 02816 Country: USA Title Not LIST MEMBERS	ANNUAL REPORT YEAR:	2020				
3. State of Formation State: RI 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. 621112 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island SOCIAL WORK IN HEALTH CARE 5. Principal Office Address No. and Street: 130 TOWER HILL RD City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 235 OLD FLAT RIVER RD Zip: 02816 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	1. ID No. <u>000555388</u>					
ARTICLE III 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. 621112 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island SOCIAL WORK IN HEALTH CARE 5. Principal Office Address No. and Street: 130 TOWER HILL RD City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 235 OLD FLAT RIVER RD City or Town: COVENTRY State: RI Zip: 02816 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name Address	2. Exact Name of the Limited Liability Company <u>KELLEY GEMMA LLC</u>					
ARTICLE III 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. 621112 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island SOCIAL WORK IN HEALTH CARE 5. Principal Office Address No. and Street: 130 TOWER HILL RD City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 235 OLD FLAT RIVER RD Zip: 02816 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 235 OLD FLAT RIVER RD City or Town: COVENTRY State: RI Zip: 02816 Country: USA Title Individual Name Address	3. State of Formation					
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. 621112 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island SOCIAL WORK IN HEALTH CARE 5. Principal Office Address No. and Street: 130 TOWER HILL RD City or Town: NORTH KINGSTOWN Note of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 235 OLD FLAT RIVER RD City or Town: COVENTRY State: RI Zip: 02816 Country: USA 6. Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	State: <u>RI</u>					
the list of codes here. More information on NAICS can be found online. 621112 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island SOCIAL WORK IN HEALTH CARE 5. Principal Office Address No. and Street: 130 TOWER HILL RD City or Town: View Principal Office Address State: RI zip: 02852 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 235 OLD FLAT RIVER RD City or Town: State: RI zip: 02816 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name Address	ARTICLE III					
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island SOCIAL WORK IN HEALTH CARE 5. Principal Office Address No. and Street: 130 TOWER HILL RD City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 235 OLD FLAT RIVER RD City or Town: COVENTRY State: RI Zip: 02816 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name						
SOCIAL WORK IN HEALTH CARE SOCIAL WORK IN HEALTH CARE S. Principal Office Address No. and Street: 130 TOWER HILL RD City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 235 OLD FLAT RIVER RD City or Town: COVENTRY State: RI Zip: 02816 Country: USA Title Individual Name	<u>621112</u>					
5. Principal Office Address No. and Street: 130 TOWER HILL RD NORTH KINGSTOWN City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 235 OLD FLAT RIVER RD City or Town: COVENTRY State: RI Zip: 02816 Country: USA	4. Brief Description of th	e Character of the Business	Which is Actua	Illy Conducte	d in Rhode Island	
No. and Street:130 TOWER HILL RD NORTH KINGSTOWNState: RIZip: 02852Country: USA6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:Contact Name:Contact Title: 235 OLD FLAT RIVER RD City or Town:State: RIZip: 02816Country: USA7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERSIndividual NameAddress	SOCIAL WORK IN HE	ALTH CARE				
City or Town:NORTH KINGSTOWNState: RIZip: 02852Country: USA6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:Contact Name:Contact Title:No. and Street:235 OLD FLAT RIVER RDCity or Town:COVENTRYState: RIZip: 02816COUNTRY: USAAddress of Each Manager of the Limited Liability Company, if Applicable.DO NOT LIST MEMBERSIndividual NameAddress	5. Principal Office Addre	SS				
Contact Name: Contact Title: No. and Street: 235 OLD FLAT RIVER RD City or Town: COVENTRY State: RI Zip: 02816 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name Address			State: <u>RI</u> Z	Zip: <u>02852</u>	Country: <u>USA</u>	
No. and Street: 235 OLD FLAT RIVER RD State: RI Zip: 02816 Country: USA COVENTRY State: RI Zip: 02816 Country: USA Title Individual Name Address	6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:					
City or Town: COVENTRY State: RI Zip: 02816 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name Address						
DO NOT LIST MEMBERS Title Individual Name Address			State: <u>RI</u>	Zip: <u>02816</u>	Country: <u>USA</u>	
	Title		Address			
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER			TER			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JENNIFER L MASSEUR CPA 1050 MAIN STREET UNIT 24 UNIT 24 EAST GREENWICH, RI 02818

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

Signed this 30 Day of October, 2020 at 3:27:44 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>KELLEY.GEMMA</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2020 State of Rhode Island All Rights Reserved