



State of Rhode Island  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
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(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2020

1. ID No. 000332482

2. Exact Name of the Limited Liability Company CARE RESOURCE 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.

621399

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

HEALTH CARE

5. Principal Office Address

No. and Street: 2 HEMINGWAY DRIVE

City or Town: EAST PROVIDENCE

State: RI

Zip: 02915

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 2 HEMINGWAY DRIVE

City or Town: EAST PROVIDENCE

State: RI

Zip: 02915

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 Code, Country
MANAGER	JOSEPH F. HALEY	2 HEMINGWAY DRIVE EAST PROVIDENCE, RI 02915 USA
MANAGER	MARIAN MARCOCCIO	2 HEMINGWAY DRIVE

		EAST PROVIDENCE, RI 02915 USA
MANAGER	KELLY LAMBRESE	2 HEMINGWAY DRIVE EAST PROVIDENCE, RI 02915 USA
MANAGER	BERNARD F. LAMBRESE	2 HEMINGWAY DRIVE EAST PROVIDENCE, RI 02915 USA

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

JEFFREY B. CIANCIOLO, ESQ. 148 WEST RIVER STREET, SUITE 1E PROVIDENCE , RI 02904

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

**Signed this 5 Day of November, 2020 at 12:51:50 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 JOSEPH F. HALEY  
Signature of Authorized Person

Form No. 632  
Revised 09/07

© 2007 - 2020 State of Rhode Island  
All Rights Reserved