



**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.** 001697262

**2. Exact Name of the Limited Liability Company** Personalized Care Coordination, 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.

621610

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

HOME HEALTH SERVICES

**5. Principal Office Address**

No. and Street: 154 SAND PLAIN ROAD

City or Town: CHARLESTOWN

State: RI

Zip: 02813

Country: USA

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

Contact Name: MICHELLE EXHIBIT KISSINGER Contact Title:

No. and Street: 154 SAND PLAIN ROAD

City or Town: CHARLESTOWN

State: RI

Zip: 02813

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	MICHELLE KISSINGER	154 SAND PLAIN ROAD CHARLESTOWN, RI 02813 USA

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

JEFFREY C. BLAKE, ESQUIRE 1143 MAIN STREET PO BOX 782 WYOMING , RI 02898

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

**Signed this 18 Day of November, 2020 at 3:21:27 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 MICHELLE KISSINGER  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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