



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 142694		2. Exact name of the limited liability company Cedar Home Health LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island to engage in any lawful business			
5. Principal office address 24 Greenwood Lane		City Lincoln	State RI	Zip 02865	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name SUSAN K WHIPPLE		Contact Title MANAGER			
Street Address 24 GREENWOOD LANE		City LINCOLN	State RI	Zip 02865	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52					
Manager Name SUSAN K WHIPPLE		*Manager Name NONE			
Street Address 24 GREENWOOD LANE		*Street Address .			
City LINCOLN	State RI	Zip 02865	City .	State .	Zip .
*Manager Name NONE		*Manager Name NONE			
Street Address .		*Street Address .			
City .	State .	Zip .	City .	State .	Zip .
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name ADLER POLLOCK & SHEEHAN P.C.		Address ONE CITIZENS PLAZA, 8TH FLOOR			
Address .		City PROVIDENCE	Zip 02903-		

This report must be signed in ink by an authorized person pursuant to 7-16-66.



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File Date 11/2/05

Check No. 01282767

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Susan K. Whipple 11/1/05
Signature of Authorized Person Date

SUSAN K. WHIPPLE
Print or Type Name of Authorized Person