



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: 2021

1. ID No. 001668661

2. Exact Name of the Limited Liability Company One Solution Home Care, LLC

3. State of Formation

State: MA

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

WE ARE A NON MEDICAL HOME CARE AGENCY THAT PROVIDES HOME CARE FOR
THE
ELDERLY.

5. Principal Office Address

No. and Street: 2224 PAWTUCKET AVENUE

City or Town: EAST PROVIDENCE

State: RI

Zip: 02914

Country: USA

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

Contact Name: Contact Title:

No. and Street: 246 RAILROAD STREET

City or Town: MANVILLE

State: RI

Zip: 02838

Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

MANAGER	DAWN MARIE DOUGLAS	246 RAILROAD STREET MANVILLE, RI 02838 USA
MANAGER	JEFFREY NORMAN CORRIERI	246 RAILROAD STREET MANVILLE, RI 02838 USA

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

DAWN M DOUGLAS 2224 PAWTUCKET AVENUE MAILBOX#4 EAST PROVIDENCE , RI 02914

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

Signed this 25 Day of January, 2021 at 12:34:47 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 DAWN DOUGLAS
Signature of Authorized Person

Form No. 632
Revised 09/07

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