



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2018
Limited Liability Company

- Filing period: September 1 - November 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

RECEIVED
R.I. DEPT. OF STATE
BUS. SVC. DIV.
2021 FEB - 9 PM 01

1. Entity ID Number <u>000592773</u>		2. Exact name of the Limited Liability Company <u>RI Home Birth + Hope Family Health, LLC</u>	
3. NAICS Code <u>621399</u>		4. Brief description of the character of business conducted in Rhode Island <u>Full scope midwifery care and family health care.</u>	
5. State of Formation <u>Rhode Island</u>			
6. Principal Office Address <u>168 Betty Pond</u>		City <u>Hope</u>	State <u>RI</u>
		Zip <u>02831</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Mary Mumford Haley</u>		Contact Title <u>owner</u>	
Street Address <u>168 Betty Pond Rd</u>		City <u>Hope</u>	State <u>RI</u>
		Zip <u>02831</u>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Check the box to indicate an attachment ☐			
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
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.			
Name of Authorized Person <u>Mary Mumford Haley</u>		Date <u>2/9/21</u>	
Signature of Authorized Person 			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

FEB 09 2021

BY PF JFHMA
FORM 632 - Revised: 08/2020

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