State of Rhode Island						
Department of S	tate - Bus	iness Servic	es Division			
Annual Report for the y	ear: 2	017			\$ 1500	
Limited Liability Company						
Filing period: September 1 - November 1				RE DEF		
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00) fee if form i	s not filed by Dec	ember 1.	9		
					CSAN TO THE STATE OF THE STATE	
1. Entity ID Number	2. Exact name of the Limited Liability Company P. Harrie Rusth - Harrie Tomaille Horizh William CSP					
000592773	RI Home Birth + Hope Family Health . WLC ?					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
621399	Full scope midwifery care and family					
5. State of Formation Rhode Island	houth care.					
6. Principal Office Address	Drug -l		City	State R	Zip	
168 Betty Pord			nope	<u> </u>	02837	
7. Mailing Address of Limited Lia	ability Compa	ny and Name or T				
Contact Name Mary Mu	mford	Haley	Contact Title	rer		
Street Address 168 Betty Pond Rd			city Hope	State R	zip 02831	
8. List ALL managers (names a	nd addresses	s) of the Limited Li		ABLE - DO NOT LIST I	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zio	City	State	Zip	
Manager Name	···		Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	_l			Check the box to	indicate an attachment	
9. The Resident Agent informati						
Under penalty of perjury, I de statements, and that all states	clare and aff ments conta	irm that I have ex Ined herein are tr	ramined this report, include the and correct.	ding any accompanyir	ng schedules and	
Name of Authorized Person Many Mumford Haley				Date 2/0	Date 2/9/2/	
Signature of Authorized Person	<u> </u>	11				

MAIL TO:

Division of Business Services

State of Rhode Island

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

FEB 0 9 2021

FORM 632 - Revised: 08/2020

3:05