State of Rhode Island
Department of State - Business Services Division

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2021 FEB -9 P 1:00

Annual Report for the year: 2016
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.

1. Entity ID Number	2. Exact name of the Limited Liability Company
000592773	RI Home Birth + Hope Family Health, LLC
3. NAICS Code: 621399	4. Brief description of the character of business conducted in Rhode Island: Full scope midwifery care and family health care.
5. State of Formation: Rhode Island	

6. Principal Office Address	City	State	Zip
168 Betty Pond	Hope	RI	02831

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

Contact Name	Contact Title		
Mary Mumford Haley	Owner		
Street Address	**City**	**State**	**Zip**
168 Betty Pond Rd	Hope	RI	02831

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	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	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	Date
Mary Mumford Haley	2/9/21

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 JFHmA
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FORM 632 - Revised: 08/2020