



State of Rhode Island

## Department of State - Business Services Division

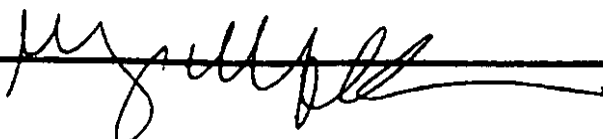
Annual Report for the year: 2015  
Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

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R.I. DEPT. OF STATE  
BUS. SVCS. DIV.  
2021 FEB -9 PM 3:01

|                                                                                                                                                                                                      |       |                                                                                                                                         |                    |                       |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|-----|
| 1. Entity ID Number<br><u>000592773</u>                                                                                                                                                              |       | 2. Exact name of the Limited Liability Company<br><u>RI Home Birth + Hope Family Health, LLC</u>                                        |                    |                       |     |
| 3. NAICS Code<br><u>621399</u>                                                                                                                                                                       |       | 4. Brief description of the character of business conducted in Rhode Island<br><u>Full scope midwifery care and family health care.</u> |                    |                       |     |
| 5. State of Formation<br><u>Rhode Island</u>                                                                                                                                                         |       |                                                                                                                                         |                    |                       |     |
| 6. Principal Office Address<br><u>168 Betty Pond</u>                                                                                                                                                 |       | City<br><u>Hope</u>                                                                                                                     | State<br><u>RI</u> | Zip<br><u>02831</u>   |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |       |                                                                                                                                         |                    |                       |     |
| Contact Name<br><u>Mary Mumford Haley</u>                                                                                                                                                            |       | Contact Title<br><u>owner</u>                                                                                                           |                    |                       |     |
| Street Address<br><u>168 Betty Pond Rd</u>                                                                                                                                                           |       | City<br><u>Hope</u>                                                                                                                     | State<br><u>RI</u> | Zip<br><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 | 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 <input type="checkbox"/>                                                                                                                                     |       |                                                                                                                                         |                    |                       |     |
| 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<br><u>Mary Mumford Haley</u>                                                                                                                                               |       |                                                                                                                                         |                    | Date<br><u>2/9/21</u> |     |
| Signature of Authorized Person<br>                                                                                |       |                                                                                                                                         |                    |                       |     |

## 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   
FORM 632 - Revised: 08/2020

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