



**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.** 001694489

**2. Exact Name of the Limited Liability Company** The Care Concierge of New England, LLC

**3. State of Formation**

State: RI

**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.

624120

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

CONSULTING FOR FAMILIES LOOKING FOR INFORMATION AND REFERRALS  
RELATED TO  
SENIOR CARE

**5. Principal Office Address**

No. and Street: 9 OAKLAWN ROAD

City or Town: NORTH SMITHFIELD

State: RI

Zip: 02896-7026

Country: USA

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

Contact Name: PAUL JONES Contact Title: OWNER

No. and Street: 9 OAKLAWN ROAD

City or Town: NORTH SMITHFIELD

State: RI

Zip: 02896

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

PAUL MICHAEL JONES

9 OAKLAWN RD  
NORTH SMITHFIELD, RI 02896-7026 USA

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

PAUL M JONES 9 OAKLAWN ROAD NORTH SMITHFIELD , RI 02896-7026

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

**Signed this 4 Day of October, 2021 at 9:54:07 AM 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 PAUL JONES  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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