



**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. 001237666

2. Exact Name of the Limited Liability Company INDEPENDENT LIVING SYSTEMS, LLC.

3. State of Formation

State: FL

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.

624190

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

HEALTH CARE MANAGEMENT AND HEALTH INFORMATION TECHNOLOGY COMPANY PROVIDING SPECIALTY SERVICES TO MEDICARE, MEDICAID, DUAL ELIGIBLES AND SPECIAL NEEDS POPULATIONS.

5. Principal Office Address

No. and Street: 4601 NW 77TH AVE
City or Town: MIAMI State: FL Zip: 33166 Country: USA

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

Contact Name: NESTOR JOAQUIN PLANA Contact Title: CHIEF EXECUTIVE OFFICER
No. and Street: 4601 NW 77TH AVE
City or Town: MIAMI State: FL Zip: 33166 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	HUGH ANTHONY CHANG ALLOY	3710 SW 154TH CT MIAMI, FL 33185 USA
MANAGER	DAVID ALLEN ROGERS	4512 ANDREW JACKSON WAY TALLAHASSEE, FL 32303 USA
MANAGER	CRISTINA AGUILA GONZALEZ	1053 NW 139TH TERR PEMBROKE PINES, FL 33028 USA
MANAGER	NESTOR JOAQUIN PLANA	4900 SUNSET DR MIAMI, FL 33143 USA
MANAGER	MAUREEN THERESE LILLIS	2785 NW 28TH ST BOCA RATON, FL 33434 USA
MANAGER	HILDA MARIA RIERA-PEREA	921 EL RADO CORAL GABLES, FL 33134 USA
MANAGER	STUART FRASER WILLIAMS	2916 BLUEFIELD LANE TALLAHASSEE, FL 32309 USA
MANAGER	KARLA MOLESTINA	11880 SW 19TH TERR MIAMI, FL 33175 USA

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

CORPORATE CREATIONS NETWORK INC. 10 DORRANCE STREET, SUITE 700 PROVIDENCE , RI 02903

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

Signed this 20 Day of December, 2021 at 10:40:31 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 KENYARDRA C. WORTHY
Signature of Authorized Person

Form No. 632
Revised 09/07