State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2021
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
001703281	Like Home Adult Daycare heath Center LLC
3. NAICS Code: 621610	4. Brief description of the character of business conducted in Rhode Island: Adult daycare
5. State of Formation: R.I	

6. Principal Office Address	City	State	Zip
845 North main st	Providence	R.I	02904

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

Contact Name	Contact Title
natividad mercedes	owner

Street Address	City	State	Zip
120 Pawtucket st.	Providence	R.I	02908

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
natividad mercedes	12.22.21

Signature of Authorized Person: natividad mercedes

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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FORM 623 - Revised 11