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. 001718596

2. Exact Name of the Limited Liability Company Living Innovations Support Services, LLC

3. State of Formation

State: NH

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.

623220

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

TO ENGAGE IN THE BUSINESS OF PROVIDING PROGRAM MANAGEMENT, RESIDENTIAL, DAY
AND RESPITE CARE AND STAFFING SERVICES TO PEOPLE WITH DISABILITIES AND THEIR
FAMILIES.

5. Principal Office Address

No. and Street: 273 LOCUST STREET, UNIT 2C
City or Town: DOVER State: NH Zip: 03820 Country: USA

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

Contact Name: KAITLYN GOCHENOUR Contact Title:
No. and Street: 4980 S. 118TH ST.
City or Town: OMAHA State: NE Zip: 68137 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	NEAL L. OUELLETT	124 KENSINGTON ROAD PORTSMOUTH, NH 03801 USA

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

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

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

Signed this 30 Day of December, 2021 at 4:01:21 PM 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 KAITLYN GOCHENOUR
Signature of Authorized Person

Form No. 632
Revised 09/07