



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: _____
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.

FILED **STAMP**
 MAR 14 2022
 BY *[Signature]*
 DEPARTMENT OF STATE

1. Entity ID Number 119268		2. Exact name of the Limited Liability Company HOME CARE MANAGEMENT CONSULTANTS, L.L.C.			
3. NAICS Code 621610		4. Brief description of the character of business conducted in Rhode Island HOME CARE MANAGEMENT SERVICES AND CONSULTING			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 227 PHENIX AVENUE			City CRANSTON	State RI	Zip 02920
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name NICHOLAS PASSARELLI, JR.			Contact Title		
Street Address 227 PHENIX AVENUE			City CRANSTON	State RI	Zip 02920
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.					
<i>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.</i>					
Name of Authorized Person NICHOLAS PASSARELLI, JR.				Date 3/12/22	
Signature of Authorized Person <i>[Signature]</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615