RI SOS Filing Number: 202342858170 Date: 11/21/2023 10:19:00 AM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **Limited Liability Company**

2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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2023 NOV 21 A 10: 16

1. Entity ID Number	2. Exact name of the Lim	nited Liability Company		
001722213	MEDITELECARE OF RHODE ISLAND, LLC			
[3] NAICS Code 621112	4. Brief description of the character of business conducted in Rhode Island			
5. State of Formation		Telehealth provider in skilled nursing facilities		
6. Principal Office Address	<u>_</u>	City	State	Zip
213 Court Street, 6th Floor		Middletown	СТ	06457
7. Mailing Address of Limite	ed Liability Company and Name	or Title of Contact Person		
Contact Name Cheryl France		Contact Title Manager		
Street Address 213 Court Street, 6th Floor		City Middletown	State CT	^{Zip} 06457
8. The Resident Agent info	rmation currently of record with	the RI Department of State is accura	ate. Changes require	e filing Form 642.
	ry, I declare and affirm that I h tatements contained herein a	nave examined this report, including the true and correct.	ng any accompany	ing schedules and
Name of Authorized Person			Date	
Cheryl France			11/16/2023	
Signature of Authorized Pe	rson		<u> </u>	
/s/Chen	yl France			

FILED

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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BY KAQJS