RI SOS Filing Number: 202444821450 Date: 1/26/2024 4:00:00 PM



## 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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| 1. Entity ID Number   | 2. Exact name of the Limited Liability Company  |               |       |        |
|---|---|---------------|-------|--------|
| 1753032 .   | Access and  | Care Recovery | Home  | ·UC    |
| 3. NAICS Code   | 4. Brief description of the character of business conducted in Rhode Island Soppurations inclinated with Housing Properties |               |       |        |
| 812990  |   |               |       |        |
| 5. State of Formation   | are experiencing thomelesmoss and have a history  |               |       |        |
| RI  | of substance use discrete   |               |       |        |
| 6. Principal Office Address   |   | City          | State | Zip    |
| 767 montes Ave  |   | Praidence     | RI    | 02126  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |   |               |       |        |
| Contact Name  |   | Contact Title |       |        |
| Han Claude  |   | Owner (CO)    |       |        |
| Street Address  |   | City          | State | Zip    |
| 69 edgewater Dr   |   | Mitterpan     | Ma    | 102126 |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |   |               |       |        |
| 9. 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  |        |
| Ann Claude  |   | 126/24        |       |        |
| Signature of Authorized Person  |   |               |       |        |
| Unken   |   |               |       |        |

MAIL TO:

Division of Business Services

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

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FILED JAN **26** 2024 BY YML JKRV8