



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Limited Liability Company

- 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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BUS. SERVICES

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| 1. Entity ID Number 1753032 | | 2. Exact name of the Limited Liability Company Access and Care Recovery Home LLC | |
| 3. NAICS Code 812990 | | 4. Brief description of the character of business conducted in Rhode Island Supporting individuals with Housing people who are experiencing homelessness and have a history of substance use disorder | |
| 5. State of Formation RI | | | |
| 6. Principal Office Address 297 mainen Ave | | City Providence | State RI |
| Zip 02126 | | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name Ann Claude | | Contact Title Owner / CEO | |
| Street Address 69 edgewater Dr | | City Mattapan | State MA |
| Zip 02126 | | | |
| 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 Ann Claude | | | Date 1/26/24 |
| Signature of Authorized Person | | | |

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JAN 26 2024
BY ML IKRV8

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MAIL TO:
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