



**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: February 1 - May 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 - ENTER THE CURRENT YEAR 2024: 2024

1. ID No. 001756844

2. Exact Name of the Limited Liability Company Good Shepherd Home Care LLC

3. State of Formation

State: RI

NAICS CODE

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.

621610

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

WE, GOOD SHEPHERD HOME CARE LLC SPECIALIZES IN PROVIDING CULTURALLY SENSITIVE AND DIVERSE NON-MEDICAL HOME CARE SERVICES TO RESIDENTS ACROSS RHODE ISLAND. WE ARE COMMITTED TO ENHANCING THE QUALITY OF LIFE FOR OUR CLIENTS, ENABLING THEM TO LIVE INDEPENDENTLY AND COMFORTABLY IN THEIR OWN HOMES. OUR TEAM OF DEDICATED PROFESSIONALS IS TRAINED TO OFFER CARE THAT RESPECTS THE CULTURAL VALUES, LANGUAGES, AND PREFERENCES OF OUR DIVERSE CLIENTELE. IN ADDITION TO DIRECT NON-MEDICAL CARE SERVICES, WE ARE PLANNING TO OFFER NON-EMERGENCY TRANSPORTATION SERVICES TO FURTHER SUPPORT OUR CLIENTS' ACCESS TO MEDICAL APPOINTMENTS AND COMMUNITY RESOURCES. OUR OPERATIONS

CONTRIBUTE TO THE HEALTH AND WELL-BEING OF RHODE ISLANDERS,
ADDRESSING A CRITICAL NEED FOR
ACCESSIBLE, HIGH-QUALITY HOME CARE SERVICES IN THE STATE.

5. Principal Office Address

No. and Street: 765 WESTMINSTER STREET
#304
City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA

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

Contact Name: ANA LOPEZ Contact Title: CEO & NON-NURSE ADMINISTRATOR
No. and Street: 23 WAITE STREET
City or Town: PROVIDENCE State: RI Zip: 02908 Country: USA

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

ANA LOPEZ 23 WAITE STREET PROVIDENCE , RI 02908

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

Signed this 5 Day of February, 2024 at 4:34:10 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 ANA LOPEZ
Signature of Authorized Person

Form No. 632
Revised 09/07

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