



**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.

**FILED STAMP**  
**MAR 28 2024**  
**BY 1028**

1. Entity ID Number <b>1710356</b>		2. Exact name of the Limited Liability Company <b>CareGivers Management Company, LLC</b>	
3. NAICS Code <b>621610</b>		4. Brief description of the character of business conducted in Rhode Island <b>To provide home care services.</b>	
5. State of Formation <b>Delaware</b>			
6. Principal Office Address <b>650 George Washington Hwy., Suite 102</b>		City <b>Lincoln</b>	State <b>RI</b>
Zip <b>02865</b>			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>Ruth Mancell</b>		Contact Title	
Street Address <b>650 George Washington Hwy., Ste 102</b>		City <b>Lincoln</b>	State <b>RI</b>
Zip <b>02865</b>			
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. <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 <b>Ruth Mancell</b>		Date <b>3/21/2024</b>	
Signature of Authorized Person 			

**MAIL TO:**  
**Division of Business Services**  
148 W. River Street, Providence, Rhode Island 02904-2615  
**Phone:** (401) 222-3040  
**Website:** [www.sos.ri.gov](http://www.sos.ri.gov)