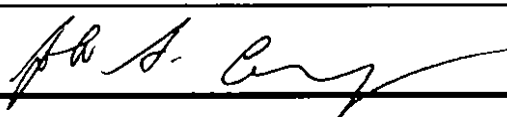


**State of Rhode Island
Department of State - Business Services Division****Annual Report for the year:** 2024
Limited Liability Company

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
APR 2 2024
BY 243481

1. Entity ID Number 001006307		2. Exact name of the Limited Liability Company LIVING WELL ADULT DAY CARE LLC	
3. NAICS Code 624190		4. Brief description of the character of business conducted in Rhode Island ADULT DAY CARE	
5. State of Formation RHODE ISLAND			
6. Principal Office Address 120 WEBSTER STREET		City PAWTUCKET	State RI
		Zip 02861	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name JOHN S. COMEY		Contact Title MANAGER	
Street Address 18 OAKHILL AVENUE		City ATTLEBORO	State MA
		Zip 02703	
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 JOHN S. COMEY		Date 3/28/24	
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