RI SOS Filing Number: 202450150920 Date: 4/4/2024 4:00:00 PM



State of Rhode Island **Department of State - Business Services Division**

FILED

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.

1. Entity ID Number	2. Exact name of the Limited Liability Company			
552029	Westlook Healthcare Partners, LLC			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island To own an interest in a company that provides home care services.			
621610				
5. State of Formation				:
Rhode Island				
6. Principal Office Address	<u> </u>	City	State	Zip
1238 Drift Road		Westport	MA	02790
7. Mailing Address of Limited L	iability Company and Name or Title	e of Contact Person		
Contact Name Brian A. Pontolilo		Contact Title		
Street Address 1238 Drift Road		City Westport	State MA	^{Zip} 02790
8. The Resident Agent informa	tion currently of record with the RI	Department of State is accu	ırate. Changes require	filing Form 642.
	declare and affirm that I have exements contained herein are true		ling any accompanyli	ng schedules and
Name of Authorized Person			Date)	
Brian A. Pontolilo			3/28/24	
Signature of Authorized Perso	lolelo			

MAIL TO:

Division of Business Services

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

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