



**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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 MAY 06 2024  
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1. Entity ID Number <b>1336004</b>		2. Exact name of the Limited Liability Company <b>HOME CARE ASSITANCE OF RI, LLC</b>			
3. NAICS Code <b>Other Services</b>		4. Brief description of the character of business conducted in Rhode Island <b>Home care and assistance for elderly individuals non medical and all other legal purposes.</b>			
5. State of Formation <b>Deleware</b>					
6. Principal Office Address <b>16 Carver Lane</b>		City <b>South Kingstown</b>	State <b>RI</b>	Zip <b>02879</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Patricia Schumacher</b>			Contact Title <b>Manager</b>		
Street Address <b>16 Carver Lane</b>		City <b>South Kingstown</b>	State <b>RI</b>	Zip <b>02882</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>PATRICIA SCHUMACHER</b>				Date <b>05-01-2024</b>	
Signature of Authorized Person <i>Patricia Schumacher</i>					

**MAIL TO:**  
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