

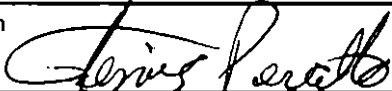


State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
24 JUL 12 AM 10:34:35

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 001759405		2. Exact name of the Limited Liability Company La Fuente Homecare, LLC		
3. NAICS Code 621610		4. Brief description of the character of business conducted in Rhode Island HOME CARE		
5. State of Formation RI				
6. Principal Office Address 124 PERRY STREET		City CENTRAL FALLS	State RI	Zip 02863
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name GLENIS PERALTA		Contact Title OWNER		
Street Address 124 PERRY STREET		City CENTRAL FALLS	State RI	Zip 02863
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. 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.				
Name of Authorized Person GLENIS PERALTA			Date 7/12/24	
Signature of Authorized Person 				

FILED

JUL 12 2024
BY dhylcz
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MAIL TO:

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