

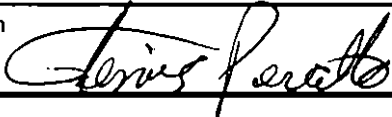


State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
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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<br>001759405  |  | 2. Exact name of the Limited Liability Company<br>La Fuente Homecare, LLC                |                 |              |
| 3. NAICS Code<br>621610   |  | 4. Brief description of the character of business conducted in Rhode Island<br>HOME CARE |                 |              |
| 5. State of Formation<br>RI   |  |  |                 |              |
| 6. Principal Office Address<br>124 PERRY STREET   |  | City<br>CENTRAL FALLS  | State<br>RI     | Zip<br>02863 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |  |                 |              |
| Contact Name<br>GLENIS PERALTA  |  | Contact Title<br>OWNER   |                 |              |
| Street Address<br>124 PERRY STREET  |  | City<br>CENTRAL FALLS  | State<br>RI     | Zip<br>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<br>GLENIS PERALTA   |  |  | Date<br>7/12/24 |              |
| Signature of Authorized Person<br>   |  |  |                 |              |

FILED

JUL 12 2024  
BY dhylcz  
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**MAIL TO:**  
Division of Business Services  
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