

RI SOS Filing Number: 202458212170 Date: 7/19/2024 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 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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1. Entity ID Number	2. Exact name of the Limited Liability Company				
1-103281	Like home adult paycare heath center, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
621610					
5. State of Formation	Hang gonce	716			
R. 7	1		`		
11,7					
6. Principal Office Address	`	City	State	Zip	
120 vandewater St.		P100	R.J.	05608	
7. Mailing Address of Limited Lia	bility Company and Name or Title	of Contact Person			
Contact Name		Contact Title			
Natividad mercedes		OWNEY			
Street Address		City	State	Zip	
120 Vandemater St.		P1019	14.2.	05d18	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
	leclare and affirm that I have exa nents contained herein are true		пу ассотралуіп	g schedules and	
Name of Authorized Person			Date		
nativelod wered.			07-18-24		
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 FILED

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