

State of Rhode Island
Department of State - Business Services Division

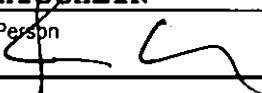
Annual Report for the year: 2023 2025
Limited Liability Company

→ 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 001722101	2. Exact name of the Limited Liability Company SUPPORTIVE CARE OF RHODE ISLAND LLC			
3. NAICS Code 621399	4. Brief description of the character of business conducted in Rhode Island HEALTH CARE			
5. State of Formation NJ				
6. Principal Office Address 27 RANDOLPH ROAD		City HOWELL	State NJ	Zip 07731
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name RAPHAEL LICHTSCHEIN		Contact Title Tax matter partner		
Street Address 14 SHEMEN STREET		City LAKEWOOD	State NJ	Zip 08701
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 RAPHAEL LICHTSCHEIN			Date 11/11/24	
Signature of Authorized Person 				

MAIL TO:

Division of Business Services

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