



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$150.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Limited Liability Company  
Application for Registration**

(Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended)

**ARTICLE I**

The name of the limited liability company is: BACK TO HOME HEALTHCARE SERVICES, LLC

*Enter your name exactly as it appears in your state. If your name includes an entity ending other than LLC or Limited Liability Company, complete Article II. The elected name in RI must include the entity ending LLC or Limited Liability Company.*

**ARTICLE II**

The name, if different, under which it proposes to register and transact business in Rhode Island is:

**ARTICLE III**

The Limited Liability Company is organized under the laws of: State: MA Country: USA

The date this Application for Registration is to become effective, not prior to, nor more than 90 days after the filing of this Application for Registration.

Later Effective Date:

**ARTICLE IV**

The date of its organization is: 5/28/2020

**ARTICLE V**

The period of its duration is: ☒ Perpetual ☐

**ARTICLE VI**

The address (post office box not acceptable) of the limited liability company's resident agent in Rhode Island:

No. and Street: 109 KENYON AVE APT 1F

City or Town: PAWTUCKET

State: RI Zip: 02861

Name: SUSAN WILLIAMS

**Article VII**

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

BACK TO HOME HEALTHCARE WILL OFFER NON MEDICAL SERVICES TO ELDERLY CLIENTS  
IN THEIR HOME , SUCH AS PERSONAL ASSISTANT, COMPANION CARE, RESPITE CARE, AND  
HOME HEALTH SERVICES

#### ARTICLE VIII

The Rhode Island Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

#### ARTICLE IX

The address of the office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized:

No. and Street: 109 KENYON AVE APT 1F

City or Town: PAWTUCKET

State: RI Zip: 02861 Country: USA

#### ARTICLE X

The mailing address for the limited liability company is:

No. and Street: 109 KENYON AVE APT 1F

City or Town: PAWTUCKET

State: RI Zip: 02861 Country: USA

#### ARTICLE XI

The limited liability company is to be managed by its \_\_\_ Members\* or X Managers (check one)

**\* If you checked to be managed by your MEMBERS (the owners) DO NOT complete the following section. Only complete the following section if you checked to be managed by MANAGERS.**

The name and address of each manager:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	SUSAN WILLIAMS	109 KENYON AVE APT 1F PAWTUCKET, RI 02861 USA

*This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein*

*are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

**Signed this 20 Day of November, 2024 at 11:51:56 AM by the Authorized Person.**

**SUSAN WILLIAMS**

Form No. 450  
Revised 09/07

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*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

William Francis Galvin  
Secretary of the  
Commonwealth

November 8, 2024

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

**BACK TO HOME HEALTHCARE SERVICES, LLC**

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **May 28, 2020.**

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **SUSAN WILLIAMS**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **SUSAN WILLIAMS**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **SUSAN WILLIAMS**



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Gregg M. Amore**, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
  
hereby certify that this document, duly executed in accordance with the provisions  
  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
  
office on this day:

November 20, 2024 11:50 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore  
*Secretary of State*

