

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.

Entity ID Number	2 Evact name of the Limit	od Liability Company	•		
1 ' :	2. Exact name of the Limited Liability Company				
119268	HOME CARE MANAGEMENT CONSULTANTS, LLC				
3. NAICS Code :	Brief description of the character of business conducted in Rhode Island				
621610	Home Care Management Services and Consulting				
5. State of Formation	7		•		
Rhode Island					
6. Principal Office Address	<u> </u>	City	State	Zip	
227 Phenix Avenue		Cranston	RI	02920	
7. Mailing Address of Limited Li	ability Company and Name o	r Title of Contact Person	•	•	
Contact Name Nicholas Passarelli, Jr		Contact Title Contact Person			
Street Address 227 Phenix Avenue		City Cranston	State RI	^{Zip} 02920	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
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			Date	Date	
Nicholas Passarelli, Jr 1816 24				124	
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 PILED

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