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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022 **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 001721686	2. Exact name of the Limited Liability Company ROSARIO HOME DAYCARE LLC				
3. NAICS Code 2 4 4 5 5. State of Formation RHODE ISLAND	Brief description of the character of business conducted in Rhode Island HOME DAYCARE PROVIDER				
6. Principal Office Address 85 LENOX AVE		City PROVIDENCE	State RI	Zip 02907	
7. Mailing Address of Limited	Liability Company and Name or	r Title of Contact Person			
Contact Name ROSARIO C MCGLONE		Contact Title MANAGER			
Street Address 85 LENOX AVE		City PROVIDENCE	State RI	^{Zip} 02907	
8. The Resident Agent inform	ation currently of record with the	RI Department of State is accurate			
9. Under penalty of perjury,	I declare and affirm that I hav tements contained herein are	e examined this report, including	any accompan	ying schedules and	
Name of Authorized Person			Date		
ROSARIO C MCGLONE			01/20/2025		
Signature of Authorized Person	D MC Car	~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			

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MAIL TO:

Division of Business Services

148 W. River Street, Providence. Rhode Island 02904-2615

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