



State of Rhode Island
Department of State - Business Services Division

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FOR
SECRETARY OF STATE
USE ONLY

Annual Report for the year: 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.

1. Entity ID Number 001772641		2. Exact name of the Limited Liability Company Dream Care Plus LLC	
3. NAICS Code 623110		4. Brief description of the character of business conducted in Rhode Island Group Home	
5. State of Formation RI			
6. Principal Office Address 19 MEADOW AVENUE, APT. #1		City CUMBERLAND	State RI
Zip 02864			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Moses Anumkey		Contact Title Member	
Street Address 19 meadow Ave		City Cumberland	State RI
		Zip 02864	
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 Moses Anumkey		Date	
Signature of Authorized Person 			

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FILED
FEB 12 2025
BY **A-K-N-B-F**

MAIL TO:

Division of Business Services
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