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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2025

→ 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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Entity ID Number	2. Exact name of the Limited Liability Company							
001745493	Epic Care	Leavices	140					
3. NAICS Code	4. Brief description of the chara	acter of business conducted in	Rhode Island					
5. State of Formation			1					
RI	Non- Nedic	City Providence	ace Le	essives				
Principal Office Address	• • • • • • • • • • • • • • • • • • • •	City	State	Zip Zip				
80 Dedham	1 Dre	Presidence	RI	02909				
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person								
Contact Name		Contact Title						
Flora Keni	pody	DW nel						
Street Address		City	State	Zip				
Sp Dedran Dr	10	Kerideale	12	02909				
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 Date								
From Kennedg 02/14/2025								
Signature of Authorized Person								
M. Marine M.								
2								

FILED 4:25

FEB 14 2025

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

