RI SOS Filing Number: 202567248130 Date: 3/14/2025 4:00:00 PM



## 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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1. Entity ID Number	2. Exact name of the Limited Liability Company				
001769599	Star GAZE Home care LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
561320	4. Brief description of the character of business conducted in Rhode Island  Placing CNA to Help individuals Particular  Seniors with disabilities.				
5. State of Formation	Thum disabilities.				
KZ	Seniors With				
6. Principal Office Address		City	State	Zip	
57 Chaucer	-St	Pralidence	RI	07908	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name	Polder	Contact Title			
Street Address 57 Chau	cer St	Providence	State	2ip 02908	
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 3-/4-2025			
Signature of Authorized Person					

FILED

MAR 1 4 2025 BY 3 BLKO

MAIL TO:

Division of Business Services

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

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