



State of Rhode Island  
Department of State - Business Services Division

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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.

|                                                                                                                                                                                                         |  |                                                                                                                                                               |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. Entity ID Number<br><u>001769599</u>                                                                                                                                                                 |  | 2. Exact name of the Limited Liability Company<br><u>Star GAZE Home care LLC</u>                                                                              |                    |
| 3. NAICS Code<br><u>561320</u>                                                                                                                                                                          |  | 4. Brief description of the character of business conducted in Rhode Island<br><u>Placing CNA to Help individuals Particularly Seniors with disabilities.</u> |                    |
| 5. State of Formation<br><u>RZ</u>                                                                                                                                                                      |  |                                                                                                                                                               |                    |
| 6. Principal Office Address<br><u>57 Chaucer St</u>                                                                                                                                                     |  | City<br><u>Providence</u>                                                                                                                                     | State<br><u>RI</u> |
|                                                                                                                                                                                                         |  | Zip<br><u>02908</u>                                                                                                                                           |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                                                                               |                    |
| Contact Name<br><u>Rose C Poldor</u>                                                                                                                                                                    |  | Contact Title                                                                                                                                                 |                    |
| Street Address<br><u>57 Chaucer St</u>                                                                                                                                                                  |  | City<br><u>Providence</u>                                                                                                                                     | State<br><u>RI</u> |
|                                                                                                                                                                                                         |  | Zip<br><u>02908</u>                                                                                                                                           |                    |
| 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<br><u>Rose Poldor</u>                                                                                                                                                         |  | Date<br><u>3-14-2025</u>                                                                                                                                      |                    |
| Signature of Authorized Person<br><u>Rose Poldor</u>                                                                                                                                                    |  |                                                                                                                                                               |                    |

FILED

MAR 14 2025

BY 3 BLOKO  
[Signature]

MAIL TO:

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