

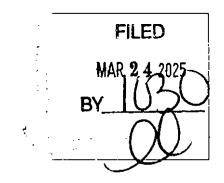
Annual Report for the year: Limited Liability Company

2025

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



Entity ID Number	2. Exact name of the Limited Liability Company			
1710356	CareGivers Management Company, LLC			
3. NAICS Code 621610	Brief description of the character of business conducted in Rhode Island To provide home care services.			
5. State of Formation Delaware				
6. Principal Office Address		City	State	Zip
650 George Washington Hwy., Suite 102		Lincoln	RI	02865
7. Mailing Address of Limited	Liability Company and Name or Title	of Contact Person	· · · · · · · · · · · · · · · · · · ·	
Contact Name Ruth Mancell		Contact Title		
Street Address 650 George Washington Hwy.,Ste 102		City Lincoln	State RI	. Zip 02865
8. The Resident Agent inform	ation currently of record with the RI C	Department of State is a	accurate. Changes requir	e filing Form 642.
	I declare and affirm that I have ex- tements contained herein are true		cluding any accompany	ring schedules and
Name of Authorized Person			Date	110 0-
Ruth Mancell			3 1	1/2025
Signature of Authorized Perso	Ruttlan	coll		

MAIL TO:

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

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