RI SOS Filing Number: 202568218880 Date: 3/24/2025 4:00:00 PM



State of Rhode Island

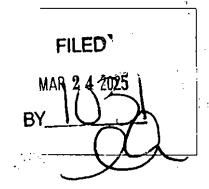
Department of State - Business Services Division

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	2. Exact name of the Limited Liability Company				
1686926	CareGivers RI, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
621610	To provide home care services.				
5. State of Formation					
Rhode Island		والمعتقدة بمريمتها والعواس والمارية			
6. Principal Office Address		City	State	Zip	
650 George Washington Hwy., Suite 102		Lincoln	RI	02865	
7. Mailing Address of Limite	d 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	mation currently of record with the RI D	Department of State is acc	curate. Changes require	e filing Form 642.	
	y, I declare and affirm that I have exa atements contained herein are true		uding any accompany	ving schedules and	
Name of Authorized Person			Date	Date	
Ruth Mancell			3/14	12025	
Signature of Authorized Per	son Rathan	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