RI SOS Filing Number: 202576688330 Date: 7/2/2025 4:00:00 PM

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State of Rhode Island	   ∪
Department of State - Business Services Division	222
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Annual Report for the year:	
	8SD 55:1
Limited Liability Company	<b>∷</b>
-> Filing period: February 1 - May 1	~
→ Filing Fee: \$50.00	
-> Penalty: Additional \$25.00 fee if form is not filed by May 31.	

1 Fntity ID Number	2. Exact name of the Limited Liability Company				
001780696	Zen Home Healthcone LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
621 610	Phonde certified Nursing Assistant Services to Thode Island Residents				
5. State of Formation	TIONGE CERTIFIED TO THE VIOLETTE				
	Services to Thode Island headents				
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6. Principal Office Address		City	State	Zip	
100 East Ar	е	Pawherer	RI	02860	
	bility Company and Name or Title	of Contact Person			
Coptact Name		Contact Title	· · ·	<del>-</del>	
Crisolito Fi	greinedo	Owner		<u> </u>	
Street Address_	J	City	State	Zip	
100 East Ave.		rawfucker	RI-	09860	
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		
e			07/0	12/2025	
Signature of Authorized Person					

FILED

JUL 02 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