State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
'25 JUL 3 PM12:35:39

STAMP
FOR SECRETARY OF STATE USE ONLY

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
001781492	Flexcare Nursing Solutions LLC.
3. NAICS Code: 621610	4. Brief description of the character of business conducted in Rhode Island: A Concierge nursing Agency that offers high-end healthcare specifically tailored to the unique needs and lifestyles of high-profile individuals - medical personal Assistant
5. State of Formation: RI	

6. Principal Office Address	City	State	Zip
50 BUTLER AVE	PROV	RI	02863

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title
Chantel Beman	Owner

Street Address	City	State	Zip
50 BUTLER AVE	PROV	RI	02863

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
Chantel Beman	7/3/2025

Signature of Authorized Person: Chantel Beman

FILED
JUL 03 2025
BY VKWG

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov