



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
25 AUG 28 AM 11:07:14

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 <u>001750661</u>		2. Exact name of the Limited Liability Company <u>PROVIDENCE GRACE CARE GROUP HOME LLC</u>	
3. NAICS Code <u>623210</u>		4. Brief description of the character of business conducted in Rhode Island <u>Residential intellectual and development disability facilities/services for child and youth.</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>115 ROANOKE STREET</u>		City <u>PROVIDENCE</u>	State <u>RI</u>
		Zip <u>02908</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>ABDURAHMAN AILERY</u>		Contact Title <u>DIRECTOR</u>	
Street Address <u>115 ROANOKE STREET</u>		City <u>PROVIDENCE</u>	State <u>RI</u>
		Zip <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 <u>ABDURAHMAN AILER</u>			Date <u>8/28/25</u>
Signature of Authorized Person <u>Abdurahman Ailer</u>			

FILED

AUG 27 2025
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MAIL TO:

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