



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 103887		2. Exact name of the limited liability company Quality Care Company, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Comprehensive child and family-centered services.			
5. Principal office address 134 Thurbers Avenue		City Providence	State RI	Zip 02905	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF CONTACT PERSON					
Contact Name Margaret Holland McDuff		Contact Title Treasurer			
Street Address P.O. Box 6688		City Providence	State RI	Zip 02940-6688	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Manager Name Raymond A Arsenault		Manager Name David S Lauterbach			
Street Address One Spurwink Place		Street Address 2756 Post Road, Suite 104			
City Cranston	State RI	Zip 02910	City Warwick	State RI	Zip 02886-300
Manager Name Margaret Holland McDuff		Manager Name Carlene Casciano-McCann			
Street Address 134 Thurbers Avenue		Street Address 420 Fruit Hill Avenue			
City Providence	State RI	Zip 02905	City North Providence	State RI	Zip 02911
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

SEP 23 2014

BY 142144

File Date _____
 Check No _____
 By _____
FOR SECRETARY OF STATE USE ONLY

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.

Margaret Holland McDuff
 Signature of Authorized Person
 Date 9/16/2014
Margaret Holland McDuff
 Print or Type Name of Authorized Person

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Question 7 (continued)

Manager Name		
Walter Dias		
345 Blackstone Blvd.		
Providence	RI	02906

Manager Name		
James M Lehane, III		
127 Johnnycake Hill Road		
Middletown	RI	02842

Manager Name		
Eric James		
63 Harmony Hill Road		
Chepachet	RI	02814

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