



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Company
Annual Report

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. ID No. 000103887

2. Exact Name of the Limited Liability Company Quality Care Company, L.L.C.

3. State of Formation

State: RI

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

COMPREHENSIVE CHILD AND FAMILY-CENTERED SERVICES

5. Principal Office Address

No. and Street: 134 THURBERS AVENUE

City or Town: PROVIDENCE

State: RI

Zip: 02905

Country: USA

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

Contact Name: MARGARET HOLLAND MCDUFF Contact Title: TREASURER

No. and Street: P.O. BOX 6688

City or Town: PROVIDENCE

State: RI

Zip: 02940-6688

Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	WALTER DIAS	345 BLACKSTONE BLVD. PROVIDENCE, RI 02906 USA
MANAGER	CARLENE CASCIANO-MCCANN	420 FRUIT HILL AVENUE NORTH PROVIDENCE, RI 02911 USA
MANAGER	RAYMOND A ARSENAULT	ONE SPURWINK PLACE CRANSTON, RI 02910 USA
MANAGER	DAVID S LAUTERBACH	2756 POST ROAD, SUITE 104 WARWICK, RI 02886-3003 USA
MANAGER	MARGARET HOLLAND MCDUFF	134 THURBERS AVENUE

MANAGER	ERIC JAMES	PROVIDENCE, RI 02905 USA 63 HARMONY HILL ROAD CHEPACHET, RI 02814 USA
MANAGER	JAMES M LEHANE, III	127 JOHNNYCAKE HILL ROAD MIDDLETOWN, RI 02842 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

MARGARET HOLLAND MCDUFF 55 HOPE STREET P.O. BOX 6688 PROVIDENCE , RI 02940

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 18 Day of September, 2015 at 9:07:02 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By MARGARET HOLLAND MCDUFF
Signature of Authorized Person

Form No. 632
Revised 09/07

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