



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year:** 2016  
**Limited Liability Company**

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number <b>898568</b>		2. Exact name of the Limited Liability Company <b>Athena Hospice Services of Massachusetts, LLC</b>			
3. State of Formation <b>MA</b>		4. Brief description of the character of business conducted in Rhode Island <b>See Addendum attached hereto.</b>			
5. Principal Office Address <b>2527 Cranberry Highway</b>		City <b>Wareham</b>	State <b>MA</b>	Zip <b>02571</b>	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Michael E. Mosier</b>		Contact Title <b>CFO</b>			
Street Address <b>Athena Health Care Systems 135 South Rd</b>		City <b>Farmington</b>	State <b>CT</b>	Zip <b>06032</b>	
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Lawrence G. Santilli</b>		Manager Name			
Street Address <b>135 South Road</b>		Street Address			
City <b>Farmington</b>	State <b>CT</b>	Zip <b>06032</b>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 642.					
<b>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.</b>					
Name of Authorized Person <b>Lawrence G. Santilli</b>				Date <i>9/15/16</i>	
Signature of Authorized Person <i>[Signature]</i>				SIGN DOCUMENT HERE	

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

**FILED**  
 SEP 06 2016  
 BY 153007347 FORM 632 - Revised: 05/2016

Athena Hospice Services of Massachusetts, LLC  
Corp. ID #898568  
Addendum to 2016 Annual Report

4. Brief Description of the Character of the Business

The general character and purpose of the business of the LLC (which business the LLC may conduct on its own behalf or as a partner, shareholder, beneficiary, member and/or manager of another entity) is to own, manage and/or operate a palliative hospice and/or to provide home health care services, medical equipment and other health care related services.

**FILED**  
SEP 06 2016  
BY J 1530076347 DS  
JD 898568