



**State of Rhode Island  
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: February 1 - May 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 - ENTER THE CURRENT YEAR 2024:** 2024

1. ID No. 001738222

2. Exact Name of the Limited Liability Company CureCare, LLC

3. State of Formation

State: CT

**NAICS CODE**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

623000

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

INFUSION NURSING SERVICES

5. Principal Office Address

No. and Street: 220 ALBANY TURNPIKE  
BUILDING 1039, SUITE 333

City or Town: CANTON State: CT Zip: 06019 Country: USA

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

Contact Name: Contact Title:  
No. and Street: 220 ALBANY TURNPIKE  
BUILDING 1039, SUITE 333

City or Town: CANTON State: CT Zip: 06019 Country: USA

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

REGISTERED AGENT SOLUTIONS, INC. 222 JEFFERSON BLVD., SUITE 200 WARWICK , RI  
02888

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

**Signed this 6 Day of March, 2024 at 11:48:59 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 ANDREW DIAZ  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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