



Companies House

**AR01** (ef)

**Annual Return**



Received for filing in Electronic Format on the: **30/10/2014**

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*Company Name:* **ABICARE SERVICES LIMITED**

*Company Number:* **05597217**

*Date of this return:* **19/10/2014**

*SIC codes:* **96090**

*Company Type:* **Private company limited by shares**

*Situation of Registered Office:* **ABIHOUSE UNIT 1A  
BRUNEL ROAD  
SALISBURY  
WILTSHIRE  
UNITED KINGDOM  
SP2 7PU**

**Officers of the company**

*Company Director*    ***1***

*Type:*                                **Person**

*Full forename(s):*                **ANNE-MARIE**

*Surname:*                           **PERRY**

*Former names:*

*Service Address:*                **ABIHOUSE UNIT 1A  
BRUNEL ROAD  
SALISBURY  
WILTSHIRE  
ENGLAND  
SP2 7PU**

*Country/State Usually Resident:*    **UNITED KINGDOM**

*Date of Birth:*    **26/09/1963**

*Nationality:*    **BRITISH**

*Occupation:*    **MANAGER**

## Statement of Capital (Share Capital)

<b>Class of shares</b>	<b>ORDINARY</b>	<i>Number allotted</i>	<b>4</b>
		<i>Aggregate nominal value</i>	<b>4</b>
<i>Currency</i>	<b>GBP</b>	<i>Amount paid per share</i>	<b>0</b>
		<i>Amount unpaid per share</i>	<b>0</b>

### *Prescribed particulars*

THE SHARES HAVE ATTACHED TO THEM FULL VOTING, DIVIDEND AND CAPITAL DISTRIBUTION (INCLUDING ON WINDING UP) RIGHTS; THEY DO NOT CONFER ANY RIGHTS OF REDEMPTION.

## Statement of Capital (Totals)

<i>Currency</i>	<b>GBP</b>	<i>Total number of shares</i>	<b>4</b>
		<i>Total aggregate nominal value</i>	<b>4</b>

## *Full Details of Shareholders*

The details below relate to individuals / corporate bodies that were shareholders as at 19/10/2014 or that had ceased to be shareholders since the made up date of the previous Annual Return

*A full list of shareholders for the company are shown below*

*Shareholding 1* : **4 ORDINARY shares held as at the date of this return**  
*Name:* **ANNE PERRY**

## *Authorisation*

*Authenticated*

*This form was authorised by one of the following:*

Director, Secretary, Person Authorised, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor.