



Companies House

CS01_(ef)

Confirmation Statement

Company Name: **INTEGRATE CARE, SUPPORT, HEALTH AND HOUSING LIMITED**

Company Number: **10883550**



Received for filing in Electronic Format on the: **28/07/2022**

XB96Y5WA

Company Name: **INTEGRATE CARE, SUPPORT, HEALTH AND HOUSING LIMITED**

Company Number: **10883550**

Confirmation Statement date: **24/07/2022**

Sic Codes: **70229**

Principal activity description: **Management consultancy activities other than financial management**

Statement of Capital (Share Capital)

| | | | |
|-------------------------|-----------------|--------------------------|------------|
| Class of Shares: | ORDINARY | Number allotted | 100 |
| Currency: | GBP | Aggregate nominal value: | 100 |

Prescribed particulars

ALL RIGHTS ATTACHED. FULL VOTING, EQUITY AND DIVIDEND RIGHTS.

Statement of Capital (Totals)

| | | | |
|-----------|------------|--------------------------------|------------|
| Currency: | GBP | Total number of shares: | 100 |
| | | Total aggregate nominal value: | 100 |
| | | Total aggregate amount | 0 |
| | | unpaid: | |

Full details of Shareholders

The details below relate to individuals/corporate bodies that were shareholders during the review period or that had ceased to be shareholders since the date of the previous confirmation statement.

Shareholder information for a non-traded company as at the confirmation statement date is shown below

| | |
|-----------------|--|
| Shareholding 1: | 15 transferred on 2022-07-12 |
| | 5 transferred on 2022-07-12 |
| | 80 ORDINARY shares held as at the date of this confirmation statement |
| Name: | SHAUN BENNETT |
| Shareholding 2: | 5 ORDINARY shares held as at the date of this confirmation statement |
| Name: | CHARLIE THORNE MASEY BENNETT |
| Shareholding 3: | 15 ORDINARY shares held as at the date of this confirmation statement |
| Name: | SARA LOUISE BENNETT |

Confirmation Statement

I confirm that all information required to be delivered by the company to the registrar in relation to the confirmation period concerned either has been delivered or is being delivered at the same time as the confirmation statement

Authorisation

Authenticated

This form was authorised by one of the following:

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