



Confirmation Statement

Company Name: **CARE IMPACT LTD**

Company Number: **15247131**



XCFMQGPT

Received for filing in Electronic Format on the: **05/11/2023**

Company Name: **CARE IMPACT LTD**

Company Number: **15247131**

Confirmation Statement date: **05/11/2023**

Statement date:

Sic Codes: **86900**

87200

87300

88990

Principal activity description: **Other human health activities**

Residential care activities for learning difficulties, mental health and substance abuse

Residential care activities for the elderly and disabled

Other social work activities without accommodation n.e.c.

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