	State of Rhode Office of the Secreta		ee: \$50.00
	Division Of Business		
148 W. River Street Providence RI 02904-2615			
HOPE	(401) 222-304		
Limited Liability Com	pany		
Annual Report			
Filing Period: September 1	- November 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: 2020			
1. ID No. <u>001073273</u>			
2. Exact Name of the Limited Liability Company MASS TEX IMAGING, L.L.C.			
3. State of Formation			
State: <u>TX</u>			
	ARTICLE III		
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>621111</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in Rhode Is	land
SPEECH THERAPY AND CONSULTING SERVICES			
5. Principal Office Addre	SS		
No. and Street: <u>184 CONCORD AVE</u>			
	ANSTON State:	<u>RI</u> Zip: <u>02910</u> Country: <u>US</u>	<u>A</u>
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact Person:	
-			
Contact Name: Contact Title: No. and Street: <u>3 ELECTRONICS AVENUE,</u>			
City or Town: DANV		te: MA Zip: 01923 Country:	USA
7. Name and Address of DO NOT LIST MEMBE	Each Manager of the Limited Liab RS	ility Company, if Applicable.	
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Co	ountry
MANAGER	JOAN BAUMER	3 ELECTRONICS AVENUE, SUITE DANVERS, MA 01923 USA	201

MANAGER

JOAN ARSENAULT

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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE, RI 02914

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

Signed this 23 Day of September, 2020 at 4:15:38 PM 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 BOB ARSENAULT

Signature of Authorized Person

Form No. 632 Revised 09/07

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