



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**FILED**

**Annual Report for the year:** 2020  
**Limited Liability Company**

NOV 12 2020

BY 1557 DS

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 905574		2. Exact name of the Limited Liability Company Ascension Nxt, LLC			
3. NAICS Code 812990		4. Brief description of the character of business conducted in Rhode Island Wellness Center			
5. State of Formation Rhode Island					
6. Principal Office Address 176 Main Street			City East Greenwich	State RI	Zip 02818
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Ashley Vingi			Contact Title Manager		
Street Address 1604 Plainfield Circle			City Cranston	State RI	Zip 02920
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Ashley Vingi			Manager Name		
Street Address 1604 Plainfield Circle			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<i>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</i>					
Name of Authorized Person Ashley Vingi, Manger				Date 9/25/2020	
Signature of Authorized Person 					

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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