**State of Rhode Island**
**Office of the Secretary of State**

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

# Foreign Limited Liability Company Annual Report - Amended

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

**This form is only to be used to amend the current annual report on file with this office.**

**ANNUAL REPORT YEAR:** 2020

**1. ID No.** 001680928

**2. Exact Name of the Limited Liability Company** IMMAD, LLC

**3. State of Formation**

State: MA

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.

541720

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

RESEARCH SPECIFIC TO COGNITION AND SENSORY FUNCTIONS IMPACTED BY MARIJUANA
USE WITH THE GOAL TO DEVELOP TECHNOLOGY TO MEASURE IMPAIRMENT TO DRIVE.

**5. Principal Office Address**

No. and Street: 62 FOREST AVE
City or Town: QUINCY State: RI Zip: 02169 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: DR. DENISE A. VALENTI Contact Title:
No. and Street: 62 FOREST AVENUE
City or Town: QUINCY State: MA Zip: 02169 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.**
**DO NOT LIST MEMBERS**

| Title | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|---|---|---|
| MANAGER | DENISE A. VALENT | 89 SHORE ROAD |

| | | |
|---|---|---|
| | | WESTERLY, MA 02891 USA |

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

DENISE A. VALENTI 89 SHORE ROAD WESTERLY , RI 02891

**Signed this 30 Day of April, 2021 at 2:35:34 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 DENISE A. VALENTI
Signature of Authorized Person

Form No. 632
Revised 09/07

RI SOS Filing Number: 202196104450 Date: 4/30/2021 2:34:00 PM

State of Rhode Island
**Department of State | Office of the Secretary of State**
**Nellie M. Gorbea,** *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

April 30, 2021 02:34 PM

Nellie M. Gorbea
*Secretary of State*