



State of Rhode Island
Department of State - Business Services Division

FILED

OCT 25 2021

STAMP

Annual Report for the year: 2021
Limited Liability Company

BY A 238

- 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 001680781		2. Exact name of the Limited Liability Company SPEECH WORKS, LLC			
3. NAICS Code 621340		4. Brief description of the character of business conducted in Rhode Island SPEECH PATHOLOGY			
5. State of Formation RI					
6. Principal Office Address 102 FOSTER CENTER ROAD		City FOSTER	State RI	Zip 02825	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name LUCIA WATSON		Contact Title MEMBER			
Street Address 102 FOSTER CENTER ROAD		City FOSTER	State RI	Zip 02825	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name N/A		Manager Name N/A			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name N/A		Manager Name N/A			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
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.					
Name of Authorized Person LUCIA WATSON				Date 10/12/21	
Signature of Authorized Person <i>Lucia Watson, MS, CCLSP</i>					

MAIL TO:
 Division of Business Services
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