State of Rhode Island
Office of the Secretary of State

Fee: $50.00

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

Limited Liability Company 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: 2021

1. ID No. 001697307

2. Exact Name of the Limited Liability Company Speech Services Rhode Island, LLC

3. State of Formation

State: RI

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.

621340

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

WE PROVIDE OUTPATIENT SPEECH THERAPY SERVICES TO PEDIATRICS AND ADULTS WITH
COMMUNICATION, LANGUAGE, COGNITIVE, AND SPEECH DISORDERS. WE ALSO PROVIDE
SPEECH THERAPY AND OCCUPATIONAL THERAPY COVERAGE TO LOCAL SCHOOLS FOR SHORT
AND LONG TERM VACANCIES.

5. Principal Office Address

No. and Street: 1145 RESERVOIR AVENUE
SUITE 302
City or Town: CRANSTON State: RI Zip: 02920 Country: USA

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

Contact Name: PAIGE VOCCIA Contact Title: OWNER
No. and Street: 17 WICKHAM ROAD
City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.

DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country

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

PAIGE E. VOCCIA 1 WILLOW GLEN CIRCLE, #117 WARWICK , RI 02889

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

Signed this 26 Day of November, 2021 at 11:21:53 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 PAIGE VOCCIA
Signature of Authorized Person

Form No. 632
Revised 09/07