RI SOS Filing Number: 202328842160 Date: 2/17/2023 4:00:00 PM



State of Rhode Island

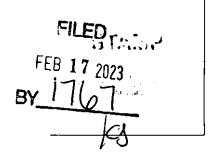
## **Department of State - Business Services Division**

Annual Report for the year: 2023 Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



1. Entity ID Number 000771656	Exact name of the Limited Liability Company Whole Person Health LLC			
3. NAICS Code 621112	Brief description of the character of business conducted in Rhode Island Consultation Services			
5. State of Formation RI				
6. Principal Office Address		City	State	Zip
245 Waterman Street, Suite 201		Providence	RI	02906
7. Mailing Address of Limite	ed Liability Company and Name	or Title of Contact Person	L	
Contact Name Donna D'Aloia		Contact Title Owner		
Street Address 245 Waterman Street, Suite 201		City Providence	State RI	Z <sub>1</sub> p 02906
8. The Resident Agent info	rmation currently of record with	the RI Department of State is accu		<u> </u>
	I declare and affirm that I hav statements contained herein a	re examined this report, including the true and correct.	ng any accompanyin	g schedules and
Name of Authorized Person			Date	
Donna D'Aloia			275	(-23
Signature of Authorized Pe	rson			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov