

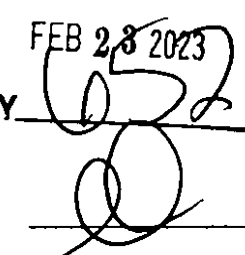


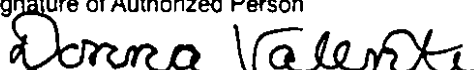
State of Rhode Island

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.

FILED
 FEB 23 2023
 BY 

1. Entity ID Number 001699210		2. Exact name of the Limited Liability Company PROVAL LLC		
3. NAICS Code 339111		4. Brief description of the character of business conducted in Rhode Island ENGINEER, DESIGN, DEVELOP, MANAGE MEDICAL AND TECHNICAL DEVICES		
5. State of Formation RI				
6. Principal Office Address 38 THORNTON WAY		City NORTH KINGSTOWN	State RI	Zip 02852
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name DONNA VALENTI		Contact Title MANAGER		
Street Address 38 THORNTON WAY		City NORTH KINGSTOWN	State RI	Zip 02852
8. The Resident Agent information currently of record with the RI Department of State is accurate. 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 DONNA VALENTI			Date 02/19/2023	
Signature of Authorized Person 				

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov