Annual Report for the year: $\frac{2023}{}$ **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	2. Exact name of the Limited Liability Company Emily Ackerman, M.D., LLC			
506786				
3. NAICS Code	4. Brief description of the cha	racter of business conducted	in Rhode Island	
621111	Practice of medicine.	•		
5. State of Formation				
Rhode Island				
6. Principal Office Address		City	State	Zip
261 Main Street, Unit 102		Slatersville	RI	02876
	d Liability Company and Name or T	itle of Contact Person		
Contact Name Emily Ackerman, M.D.		Contact Title		
Street Address PO Box 927		City Slatersville	State RI	Zip 02876
8. The Resident Agent infor	mation currently of record with the f	RI Department of State is accu	<u> </u>	e filing Form 642.
Under penalty of perjury,	I declare and affirm that I have ex tatements contained herein are tr	amined this report, includir	•	
Name of Authorized Person			Date /	
Emily Ackerman, M.D.	()		2/28	3/2023
Signature of Authorized Per	son Col	~ us	-	•
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1)			

MAIL TO:

Division of Business Services

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

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