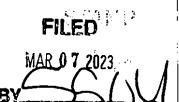
Annual Report for the year: 2023 Limited Liability Company

→ 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 1740365	2. Exact name of the Limited Liability Company Associates in Nutrition, LLC				
3. NAICS Code 621111	4. Brief description of the character of business conducted in Rhode Island To provide dictician and nutrition services via tele-nutrition.				
5. State of Formation Rhode Island					
6. Principal Office Address	<u> </u>	City	State	Zip	
1145 Reservoir Avenue		Cranston	RI	02920	
7. Mailing Address of Limite	ed Liability Company and Name of	or Title of Contact Person		1	
Contact Name Irving T. Gilson, M.D		Contact Tille			
Street Address 1145 Reservoir Avenue		City Cranston	State RI	Zip 02920	
8. The Resident Agent infor	mation currently of record with th	e RI Department of State is acc	urate. Changes requir	e filing Form 642.	
Under penalty of perjury,	l declare and affirm that I have tatements contained herein are	examined this report, includi		-	
Name of Authorized Person	1		Date		
Irving T. Gilson, M.D			3/1/2.3		
Signature of Authorized Per	rson Llas		-		

MAIL TO:

Division of Business Services

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

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