RI SOS Filing Number: 202330964290 Date: 3/14/2023 4:00:00 PM



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023
Limited Liability Company

MAR 1 4 2023

→ 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 1743551               | 2. Exact name of the Limited Liability Company THE SPORTS OT, LLC   |  |                   |                                      |  |
|---|---|--|-------------------|--------------------------------------|--|
| 3. NAICS Code<br>62134                    | Brief description of the character of business conducted in Rhode Island     HEALTH CARE - OCCUPATIONAL THERAPY |  |                   |                                      |  |
| 5. State of Formation RHODE ISLAND        |   |  |                   |                                      |  |
| Principal Office Address     WINIKA COURT |   | City<br>JOHNSTON   | State<br>RI       | Zip<br>02919                         |  |
| 7. Mailing Address of Limited             | Liability Company and Name  | e or Title of Contact Person   |                   |                                      |  |
| Contact Name FRANCESCA CORSINETTI         |   | Contact Title OWNER  |                   |                                      |  |
| Street Address 5 WINIKA COURT             |   | City JOHNSTON  | State RI          | Zip 02919                            |  |
| 8. The Resident Agent inform              | nation currently of record with   | the RI Department of State is accur  |                   | 55                                   |  |
| ander penanty of perjury, I (             | declare and affirm that I hav<br>itements contained herein a  | to avaminad this was a to the co   | g any accompanyin | e filing Form 642.  ig schedules and |  |
| Name of Authorized Person                 |   | TO DESCRIPTION OF THE PROPERTY | Date              |                                      |  |
| FRANCESCA CORSINETTI                      |   |  |                   | マスろ                                  |  |
| Signature of Authorized Person            | n nc  | <u> </u>   |                   |                                      |  |

MAIL TO:

Division of Business Services

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