

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

Annual Report for the year: 2023

Limited Liability Company

→ Filing Fee: \$50.00

→ Filing period: February 1 - May 1

STAMP

MAR 15 2023

1. Entity ID Number	2. Exact name of the Limited Liability Company			
484667	Maria Florio Jablonski, O.D., LLC			
3. NAICS Code 621320	Brief description of the character of business conducted in Rhode Island To practice optometry.			
5. State of Formation Rhode Island				
6. Principal Office Address		City	State	Zip
110 Atwood Avenue		Cranston	RI	02920
7. Mailing Address of Limite	d Liability Company and Name	or Title of Contact Person		
Contact Name Maria Florio Jablonski, O.D.		Contact Title		
Street Address 110 Atwood Avenue		City Cranston	State R1	Zip 02920
8. The Resident Agent infor	mation currently of record with	the RI Department of State is ac	curate. Changes requir	e filing Form 642.
	l declare and affirm that I hav tatements contained herein a	e examined this report, includ re true and correct.	ing any accompanyin	g schedules and
Name of Authorized Person			Date	1
Maria Florio Jablonski, O D.			3/7	7/23
Signature of Authorized Per	son /	<u> </u>	•	•

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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