



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2023

1. ID No. 001745583

2. Exact Name of the Limited Liability Company RHODE ISLAND LYMPHEDEMA THERAPY LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

621340

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

OCCUPATIONAL THERAPY SERVICES - SPECIALIZING IN LYMPHEDEMA TREATMENT.

5. Principal Office Address

No. and Street: 4 COVENTRY SHOPPERS PARK

City or Town: COVENTRY

State: RI Zip: 02816 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: AMANDA BROWN Contact Title:

No. and Street: 107 BAYVIEW AVE, NORTH KINGSTOWN RI 02852

City or Town: NORTH KINGSTOWN

State: RI Zip: 02852 Country: USA

**7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

AMANDA BROWN 107 BAYVIEW AVE NORTH KINGSTOWN , RI 02852

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 27 Day of March, 2023 at 9:02:09 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By AMANDA BROWN
Signature of Authorized Person

Form No. 632
Revised 09/07

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