



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2023
Limited Liability Company

2023 APR -7 A 10:09

- 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 001740016		2. Exact name of the Limited Liability Company Peter J. Sardella, DPM, I.L.C.	
3. NAICS Code 621391		4. Brief description of the character of business conducted in Rhode Island Office of podiatrist.	
5. State of Formation RI			
6. Principal Office Address 43 West Blue Ridge Road		City Cranston	State RI
Zip 02920			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Peter J. Sardella, DPM		Contact Title	
Street Address 43 West Blue Ridge Road		City Cranston	State RI
Zip 02920			
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
<i>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</i>			
Name of Authorized Person Peter J. Sardella		Date 4/4/23	
Signature of Authorized Person 			

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APR 07 2023
 BY 29222

MAIL TO:
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