RI SOS Filing Number: 202332686000 Date: 4/10/2023 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

FILED

APR 10 2023

Annual Report for the year: 2023 **Limited Liability Company**

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

1. Entity ID Number

509394

622210

3. NAICS Code

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

| ny May 1 | BY 109 | | 109 |
|--|---------------------------|-----------------|-------------|
| fee if form is not filed by May 3 | 1. | _ | yes |
| 2. Exact name of the Limited Lia Lilia Romero-Bosch, | · · · | | |
| 4. Brief description of the charac | ter of business conducted | in Rhode Island | |
| Practice of psychiatric m | nedicine | | |
| | | | |
| | , | | T |
| | City | State | Zip |
| , | Portsmouth | RI | 02871 |
| oility Company and Name or Title | of Contact Person | | |
| | Ţ. | | |

| 5. State of Formation RI | | | | | |
|---|-------------------------------------|----------------------|----------------------|--|--|
| 6. Principal Office Address | City | State | Zip | | |
| 95 Chase Road, Box 537 | Portsmouth | RI | 02871 | | |
| 7. Mailing Address of Limited Liability Company and Name of | or Title of Contact Person | | | | |
| Contact Name Lilia Romero-Bosch, MD | Contact Title | Contact Title | | | |
| Street Address 95 Chase Road, Box 537 | City Portsmouth | State RI | ^{Zip} 02871 | | |
| 8. The Resident Agent information currently of record with th | ne RI Department of State is accura | ate. Changes require | e filing Form 642. | | |
| Under penalty of perjury, I declare and affirm that I have statements, and that all statements contained herein are | | any accompanyin | g schedules and | | |
| Name of Authorized Person | | Date | | | |
| Lilia Romero-Bosch, MD | | 4-1 | 1-2023 | | |
| Signature of Authorized Person | | _ | | | |

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

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