|  | State of I<br>Office of the S  | Rhode Island<br>Secretary of |                   | Fee: \$50.00        |
|--|--|------------------------------|-------------------|---------------------|
|  |  | Business Servi               | ices              |                     |
|  |  | River Street                 |                   |                     |
|  |  | e RI 02904-261               | 15                |                     |
| 1838   | (401)  | 222-3040                     |                   |                     |
| Limited Liability<br>Annual Report<br>Filing Period: Feb |  |                              |                   |                     |
| refusing to file its                                     | th R.I.G.L. 7-16-66(d), each limited<br>annual report within thirty (30) da<br>3-66(b&c)) is subject to a penalty fe | ys after the tim             |                   | Y                   |
| ANNUAL REPOR   | <b>T YEAR:</b> <u>2023</u>   |                              |                   |                     |
| 1. ID No. <u>001</u>                                     | 1 <u>336399</u>  |                              |                   |                     |
| 2. Exact Name of   | of the Limited Liability Company   | KEYSTONE .                   | AUDIOLOGY         | LLC                 |
| 3. State of Form   | nation   |                              |                   |                     |
| State: <u>RI</u>   |  |                              |                   |                     |
|  | ARTI   | CLE III                      |                   |                     |
| -  | t NAICS Code that best describes t of codes here. More information   |                              |                   |                     |
| <u>621399</u>  |  |                              |                   |                     |
| 4. Brief Descript<br>Island                              | tion of the Character of the Busin   | ess Which is <i>i</i>        | Actually Condu    | icted in Rhode      |
| AUDIOLOGY  |  |                              |                   |                     |
| 5. Principal Offi  | ce Address   |                              |                   |                     |
| No. and Street:  | <u>400 BALD HILL ROAD</u><br><u>SUITE 529</u>  |                              |                   |                     |
| City or Town:  | WARWICK  | State: <u>RI</u>             | Zip: <u>02886</u> | Country: <u>USA</u> |
|  | ess of Limited Liability Company   | and Name or T                | itle of Contact   | Person:             |
| 6. Mailing Addre   |  |                              |                   |                     |
| -  | KRISTEN C. RUBIN Contact Title<br>400 BALD HILL ROAD<br>SUITE 529  | : <u>MANAGER</u>             |                   |                     |

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

JEFFREY B. CIANCIOLO, ESQ. 148 WEST RIVER STREET, SUITE 1E PROVIDENCE , RI 02904

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

**Signed this 18 Day of April, 2023 at 3:05:16 PM 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 KRISTEN C. RUBIN

Signature of Authorized Person

Form No. 632 Revised 09/07

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