



State of Rhode Island

Department of State - Business Services Division

APR 17 2023

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FOR  
SECRETARY OF STATE  
USE ONLY

Annual Report for the year: 2023

Limited Liability Company

→ 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 001735176		2. Exact name of the Limited Liability Company Lymphatic Care and Compression, LLC	
3. NAICS Code 621399		4. Brief description of the character of business conducted in Rhode Island Lymphatic Massage therapy worked with Lymphedema patients and post surgery. Fitting for Compression garments.	
5. State of Formation Rhode Island			
6. Principal Office Address 112 Raleigh Ave. Pawtucket RI 02860		City Pawtucket	State RI Zip 02860
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Polly Jiacovelli		Contact Title Owner	
Street Address 264 4th Street		City Providence	State RI Zip 02901
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
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.			
Name of Authorized Person Polly C. Jiacovelli		Date 4/10/23	
Signature of Authorized Person Polly C. Jiacovelli			

## MAIL TO:

Division of Business Services

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