	State of Rhode Island Office of the Secretary of State	Fee: \$50.00
	Division Of Business Services	
	148 W. River Street	
1636	Providence RI 02904-2615 (401) 222-3040	
Limited Liability Annual Report Filing Period: Febr		
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 - ENTER THE <u>CURRENT</u> FILING YEAR <b>2023</b> : <u>2023</u>		
1. ID No. <u>001723197</u>		
2. Exact Name of the Limited Liability Company Berman Nutrition Services LLC		
3. State of Forma	ation	
State: <u>RI</u>		
ARTICLE III		
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.		
<u>621399</u>		
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island		
MEDICAL NUTRITION THERAPY, ONE-ON-ONE WITH PATIENTS		
5. Principal Offic	e Address	
No. and Street:	87 NEWFIELD AVENUE	
City or Town:	<u>WARWICK</u> State: <u>RI</u> Zip: <u>02888</u> Court	ntry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:		
Contact Name: (		
No. and Street: City or Town:	87 NEWFIELD AVE WARWICK State: <u>RI</u> Zip: <u>02888</u> Cour	itry: <u>USA</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11 JULIA E. BERMAN-PARE 87 NEWFIELD AVENUE WARWICK , RI 02888		

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 April, 2023 at 2:51:54 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 JULIA BERMAN-PARE

Signature of Authorized Person

Form No. 632 Revised 09/07

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