



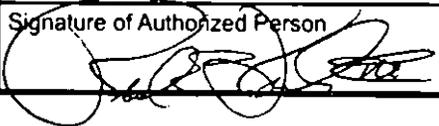
State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
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.

RECEIVED STAMP
R.I. DEPT. OF STATE
BUS SVCS DIV

2023 MAY -1 P 2:55

1. Entity ID Number 001702821		2. Exact name of the Limited Liability Company INTENSLEEP, LLC	
3. NAICS Code 621111		4. Brief description of the character of business conducted in Rhode Island To Provide Medical Services	
5. State of Formation MA			
6. Principal Office Address 39 Richard H. Pinsonnault Lane		City North Attleboro	State MA
Zip 02760			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Richard E. Kuhn III, Esq		Contact Title	
Street Address 1334 Fall River Ave, Ste 2		City Seekonk	State MA
Zip 02771			
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. 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 Richard E. Kuhn, III, Esq.		Date 5/1/2023	
Signature of Authorized Person 			

FILED

2:56

MAY 01 2023
BY ML J4TC9

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov