RI SOS Filing Number: 202335374580 Date: 5/8/2023 9:09:00 AM



State of Rhode Island

Department of State - Business Services Division

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Annual Report for the year: $\frac{2022}{}$ **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 001707502 | 2. Exact name of the Limited Liability Company Jonathan P Brower, MD, LLC | | | | |
|----------------------------------|---|---|-----------------------|--------------------|--|
| 3. NAICS Code | 4. Brief description of the | 4. Brief description of the character of business conducted in Rhode Island | | | |
| 621111 | To provide care across th | To provide care across the spectrum of aesthetic and reconstructive plastic surgery, including non-surgical treatments and cosmetic medicine. | | | |
| 5. State of Formation | non-surgical treatments a | | | | |
| Rhode Island | | | | | |
| 6. Principal Office Address | | City | State | Zip | |
| 102 Fosdyke St. | | Providence | RI | 02906 | |
| 7. Mailing Address of Limite | ed Liability Company and Name | or Title of Contact Person | | | |
| Contact Name Jonathan Brower | | Contact Title President | | | |
| Street Address 102 Fosdyke St. | | City Providence | State RI | Zip 02906 | |
| 8. The Resident Agent info | rmation currently of record with the | ne Ri Department of State is accu | ırate. Changes requir | e filing Form 642. | |
| | I declare and affirm that I have tatements contained herein ar | e examined this report, including true and correct. | ig any accompanyin | g schedules and | |
| Name of Authorized Person | | | Date | | |
| Jonathan Brower | | | 5/6/2023 | | |
| Signature of Authorized Pe | rson fariathe ? | Bione | | | |
| | | | | | |

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MAIL TO:

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

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

FORM 632 - Revised: 2/2023