RI SOS Filing Number: 202335527760 Date: 5/11/2023 9:43:00 AM

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W	Department of State

e - Business Services Division

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Annual Report for the year: **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.

	D. C	hillib. Company	
1, Entity ID Number	2. Exact name of the Limited Lial	lactor P II C	
1/04/16/			
3. NAICS Code	4. Brief description of the charact	ter of business conducted in Rhode Island	
624229	Mens Sube	it living & recovery	
5. State of Formation	program	7	
M A	p. 3, 07.		
6. Principal Office Address		City State Zip	
80 OAK	St	N. Attle bord MA 02760	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Combact Name Daminic Barese		Contact Title	
Street Address 80 00	1X St	City N. Att 10 POUTO STORE MA 2002760	
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		Date 6/11/2023	
	DMinic Darke	5/11/2020	
Signature of Authorized Person			

**FILED** 

MAY 1 1 2023

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