RI SOS Filing Number: 202335772520 Date: 5/17/2023 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

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.

| FILED AND AND |
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| MAY 17 2023 |
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| 1. Entity ID Number 001052379 | | Exact name of the Limited Liability Company University Medical Weight Management, LLC | | | | | |
|-------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------|--|--|--|
| 3. NAICS Code 000621111 | | Brief description of the character of business conducted in Rhode Island Medical weight management | | | | | |
| 5. State of Formation Rhode Island | | - - | | | | | |
| 6. Principal Office Address 390 Tollgate Road, Suite 108 | | City Warwick | State RI | Zip 02886 | | | |
| 7. Mailing Address of Limit | ed Liability Company and Name | e or Title of Contact Person | · · · · · · · · · · · · · · · · · · · | | | | |
| Contact Name Keith L. Callahan, MD | | Contact Title Member | | | | | |
| Street Address 390 Tollgate | Road, Suite 108 | City Warwick | State RI | Z _{IP} 02886 | | | |
| 8. The Resident Agent info | mation currently of record with | the RI Department of State is acc | turate. Changes requir | e filing Form 642. | | | |
| | I declare and affirm that I ha tatements contained herein a | ve examined this report, includ are true and correct. | ing any accompanyin | g schedules and | | | |
| Name of Authorized Person Keith L. Callahan, MD, Mo | | Date 5/14(2023 | | | | | |
| Signature of Authorized Pe | rson | | | • • | | | |

MAIL TO:

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

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