



**State of Rhode Island
Department of State - Business Services Division**

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FOR SECRETARY OF STATE
LIST ONLY

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.

1. Entity ID Number 825056		2. Exact name of the Limited Liability Company TruVision, LLC	
3. NAICS Code 541690		4. Brief description of the character of business conducted in Rhode Island TO PROVIDE CONSULTING SERVICES TO HEALTH CARE SERVICE PROVIDERS AND MEDICAL DEVICE AND TECHNOLOGY COMPANIES AND OTHER LAWFUL ACTS OR ACTIVITIES	
5. State of Formation RHODE ISLAND			
6. Principal Office Address C/O ROBINSON & COLE LLP, ONE FINANCIAL		City PROVIDENCE	State RI
Zip 02903			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name PARTHO SENGUPTA, M.D.		Contact Title	
Street Address ONE FINANCIAL PLAZA, 14TH FLOOR		City PROVIDENCE	State RI
Zip 02903			
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642			
9. <i>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.</i>			
Name of Authorized Person PARTHO SENGUPTA, M.D.		Date May 31, 2023	
Signature of Authorized Person 			

FILED

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MAIL TO:
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