RI SOS Filing Number: 202338706450 Date: 6/26/2023 6:05:00 PM



State of Rhode Island Office of the Secretary of State

Division Of Business Services 148 W. River Street Providence RI 02904-2615 Fee: \$50.00

(401) 222-3040

Limited Liability Company Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT FILING YEAR 2023: 2023

- **1. ID No.** 001717123
- 2. Exact Name of the Limited Liability Company SAGE HEALING COLLABORATIVE LLC
- 3. State of Formation

State: RI

NAICS CODE

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.

621111

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

COMMUNITY HEALTH AND WELL-BEING SERVICES.

5. Principal Office Address

No. and Street: 201 WATERMAN AVENUE

City or Town: <u>EAST PROVIDENCE</u> State: <u>RI</u> Zip: <u>02914</u> Country: <u>USA</u>

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 135 SAYLES AVENUE

City or Town: PAWTUCKET State: RI Zip: 02861 Country: USA

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

MEGHAN SCHAFFER 135 SAYLES AVE PAWTUCKET, RI 02860

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 26 Day of June, 2023 at 6:08:15 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By JOHN MCGONIGLE

Signature of Authorized Person

Form No. 632 Revised 09/07

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