



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(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. 001721892

2. Exact Name of the Limited Liability Company One Alternative Medical 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 [here](#). More information on [NAICS](#) can be found online.

621610

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

I HAVE NOT OFFICIALLY STARTED SEEING CLIENTS YET FOR MY BUSINESS SINCE OPENING THE LLC, I RECENTLY COMPLETED GRADUATE SCHOOL AND HOPING TO FOCUS MORE ON THE BUSINESS THIS YEAR. THE CHARACTER OF THE BUSINESS IF OFFERING SERVICES OF VITAL SIGNS CHECKS, CHRONIC MEDICAL CONDITIONS EDUCATION FOR CLIENTS IN RI AT THEIR HOME BY AN RN ON AN AS NEEDED BASIS AND SELF PAY. THE BUSINESS IS RUN BY ME ONLY (MAYELIN PACHECO NUNEZ, RN) AT THIS TIME.

5. Principal Office Address

No. and Street: ONE ALTERNATIVE MEDICAL

City or Town: FLOOR 2
CRANSTON State: RI Zip: 02910 Country: USA

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

Contact Name: Contact Title:
No. and Street: 188 LAURENS STREET
FL 2
City or Town: CRANSTON State: RI Zip: 02910 Country: USA

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

MAYELIN PACHECO NUNEZ 188 LAURENS STREET, FLOOR 2 CRANSTON , RI 02910

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

Signed this 8 Day of July, 2023 at 8:52:22 AM 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 MAYELIN PACHECO NUNEZ
Signature of Authorized Person

Form No. 632
Revised 09/07

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