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

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Annual Report for the year: **Limited Liability Company**

2823 NOV -9 A 10: 45

-> Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Emity ID Number 001706377	2. Exact name of the Lin Ratio Marketing	2. Exact name of the Limited Liability Company Ratio Marketing Strategies, LLC			
3. NAICS Code 541613	Brief description of the character of business conducted in Rhode Island Marketing consulting for the healthcare industry				
5. State of Formation Rhode Island			·		
6. Principal Office Address 1434 Narragansett Blvd		City Cranston	State RI	Zip 02905	
7. Mailing Address of Limit	ed Liability Company and Name	or Title of Contact Person			
Contact Name Daniel P. Reed		Contact Tale President			
Street Address 1434 Narragansett Blvd		City Cranston	StateRI	^{Zip} 02905	
8 The Resident Agent infor	mation currently of record with	the RI Department of State is according	urate. Changes requir	e filing Form 642	
9. Under penalty of perjur	y, I declare and affirm that I hat the later than t	ave examined this report, inclu-	ding any accompany	ring schedules and	
Name of Authorized Person Daniel P. Reed			Date 11/8/23		
Signature of Anthorized Per	M				

MAIL TO:

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

Phone: (401) 222-3040 Wabsite: www.sos ri gov NOV 9 2023

BY ABHPQ