



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

**STAMP**

**Annual Report for the year:** 2022

**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.

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BUS SVCS DIV

2023 NOV 21 A 10:16

1. Entity ID Number <b>001722213</b>		2. Exact name of the Limited Liability Company <b>MEDITELECARE OF RHODE ISLAND, LLC</b>	
3. NAICS Code <b>621112</b>		4. Brief description of the character of business conducted in Rhode Island  <b>Telehealth provider in skilled nursing facilities</b>	
5. State of Formation <b>RI</b>			
6. Principal Office Address <b>213 Court Street, 6th Floor</b>		City <b>Middletown</b>	State <b>CT</b>
Zip <b>06457</b>			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>Steven W. Powell M.D.</b>		Contact Title <b>Manager</b>	
Street Address <b>213 Court Street, 6th Floor</b>		City <b>Middletown</b>	State <b>CT</b>
Zip <b>06457</b>			
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 <b>Steven W. Powell M.D.</b>			Date <b>11/16/2023</b>
Signature of Authorized Person  <b>/s/Steven W. Powell M.D.</b>			

**FILED**

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BY KAQJ5  
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**MAIL TO:**

**Division of Business Services**

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