

State of Rhode Island Department of State - Business Services Division

Annual Report for the year:
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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Entity ID Number	2. Exact name of the Limite	2. Exact name of the Limited Liability Company				
001688341	ROGAM, LLC	ROGAM, LLC				
3. NAICS Code		4. Brief description of the character of business conducted in Rhode Island				
621112	•	ADDICTION MED, OTP, METHADONE METHADONE MAINTENANCE, OPIOID USEDISORDER, PREGNANCY, PRENATAL CARE, OBSTETRICS, OBGYN, TREATMENT OFOPIOID USE DISORDER IN				
5. State of Formation	OBSTETRICS, OBG					
6. Principal Office Address		City	State	Zip		
26 JASON'S GRANT DRIVE		CUMBERLAND	RI	02864		
7. Mailing Address of Limite	ed Liability Company and Name or	Title of Contact Person				
Contact Name MATTHEW ROGALSKI		Contact Title				
Street Address 26 JASON'S GRANT DRIVE		City	State	^{Zip} 02864		
8. The Resident Agent info	rmation currently of record with the	e RI Department of State is accurate	. Changes requir	e filing Form 642.		
9. Under penalty of perjustatements, and that all s	ry, I declare and affirm that I hav tatements contained herein are	re examined this report, including true and correct.	any accompany	ring schedules and		
Name of Authorized Person			Date			
ALFRED T. MARCIANO, CPA			12/5/2023			
Signature of Authorized Pe	irson .					

FILED

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A.A. 1:43pm

MAIL TO:

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