

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

Stamp

Annual Report for the year: 2024 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.

001684491	Practical Management, LLC			
3. NAICS Code 541715	4. Brief description of the character of business conducted in Rhode Island health			
5. State of Formation NV				
6. Principal Office Address 73 Robert Circle		City Cranston	State RI	Zip 02905
7. Mailing Address of Limite	ed Liability Company and Name or Title	e of Contact Person		
Contact Name John Lamp		Contact Title Authorized Person		
Street Address 73 Robert Circle		City Cranston	State RI	Zip 02905
8. The Resident Agent info	rmation currently of record with the RI	Department of State is a	ccurate. Changes requi	re filing Form 642.
	I declare and affirm that I have exar statements contained herein are true		ding any accompanyir	ng schedules and
Name of Authorized Person John Lamp			Date Lay	
Signature of Authorized Pe	rson		<u> </u>	-

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov JAN 3 0 2024

FILED

FORM 632 - Revised: 04/2023