

Annual Report for the year:  $\frac{2024}{}$ **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.

MAR 04 2024

1. Entity ID Number 1728100	2. Exact name of the Limited Liability Company HedMed LLC			
3. NAICS Code 621111	Brief description of the character of business conducted in Rhode Island     To provide professional services as physicians pursuant to R.I.G.L. 7-5.1			
5. State of Formation				
6. Principal Office Address 100 Highland Avenue, Suite 303		City Providence	State RI	Zip 02906
7. Mailing Address of Limited	Liability Company and Name or	Title of Contact Person	<del></del>	
Contact Name Lauren Hedde		Contact Title Member		
Street Address 100 Highland Avenue, Suite 303		City Providence	State RI	<sup>Z<sub>ip</sub></sup> 02906
8. The Resident Agent inform	nation currently of record with the	RI Department of State is accura	ate. Changes requir	e filing Form 642.
	declare and affirm that I have ex atements contained herein are t		any accompanyin	g schedules and
Name of Authorized Person		Date		
Lauren Hedde		2/22/27		
Signature of Authorized Pers	son		•	

## MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov