RI SOS Filing Number: 202448197560 Date: 3/5/2024 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

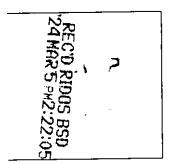
Annual Report for the year: 2024

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.



Entity ID Number	2. Exact name of the Limited Liability Company			
001665999	ASTHENIS, LLC			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island			
446110	INDEPENDENT PHARMACY			
5. State of Formation				
<u></u>				
6. Principal Office Address		City	State	Zip
206 CRANSTON STREET		PROVIDENCE	RI	02907
7. Mailing Address of Limite	d Liability Company and Name	or Title of Contact Person		
Contact Name EUGENTO FERNANDEZ		Contact Title MEMBER		
Street Address 206 CRANSTON STREET		City PROVIDENCE	State RI	Zip 02907
8. The Resident Agent infor	mation currently of record with	the RI Department of State is acc	urate. Changes requ	ire filing Form 642.
Under penalty of perjury,		ve examined this report, includi		
Name of Authorized Person			Date	
EUGENIO FERNANDEZ			4/:9/23	
Signature of Authorized Pe	rson			

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MAIL TO:

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

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