State of Rhode Island

Department of State - Business Services Division

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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.

1. Entity ID Number	2. Exact name of the Limited Liability Company		
001665999	ASTHENIS, LLC		
3. NAICS Code 446110	4. Brief description of the character of business conducted in Rhode Island INDEPENDENT PHARMACY		
5. State of Formation RI			
6. Principal Office Address 206 CRANSTON STREET	City PROVIDENCE	State RI	Zip 02907
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name EUGENIO FERNANDEZ	Contact Title MEMBER		
Street Address 206 CRANSTON STREET	City PROVIDENCE	State RI	Zip 02907
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
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.			
Name of Authorized Person EUGENIO FERNANDEZ	Date 4/19/23		
Signature of Authorized Person			

FILED
MAR 05 2024
BY

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov