



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024

1. ID No. 001698761

2. Exact Name of the Limited Liability Company Acorn Therapy Solutions, L.L.C.

3. State of Formation

State: RI

NAICS CODE

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

621340

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

SPEECH, LANGUAGE, FLUENCY, VOICE SERVICES TO PEDIATRIC AND ADULT CLIENTS

(PRIMARILY PEDIATRIC CLIENTS) WHO DEMONSTRATE A DISORDER IN ONE OR MORE AREAS

(PROVIDING EVIDENCE-BASED SERVICES TO INCREASE OVERALL SKILLS). OCCUPATIONAL

THERAPY FOR THE PEDIATRIC POPULATION WHO NEED SUPPORT WITH FEEDING AND FINE

MOTOR SKILLS.

5. Principal Office Address

No. and Street: 3285 SOUTH COUNTY TRAIL UNIT 2B

City or Town: EAST GREENWICH

State: RI Zip: 02818 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: KRISTEN TAYLOR Contact Title:
No. and Street: 3285 SOUTH COUNTY TRAIL
UNIT 2B
City or Town: EAST GREENWICH State: RI Zip: 02818-1469 Country: USA

**7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

KRISTEN TAYLOR 35 FRIENDLY ROAD CRANSTON , RI 02910

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 6 Day of March, 2024 at 10:47:57 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By KRISTEN TAYLOR
Signature of Authorized Person

Form No. 632
Revised 09/07

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