RI SOS Filing Number: 202450315590 Date: 4/5/2024 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:
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.

FILED
APR 0.5 2024
BY DY
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1. Entity ID Number 1740190	2. Exact name of the Limited Liability Company					
1740190	Nene, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
621330	Therapy services and any other lawful purpose.					
5. State of Formation						
Rhode Island						
6. Principal Office Address	1	City	State	Zip		
18 Maple Avenue, #115		Barrington	RI	02806		
7. Mailing Address of Limited L	iability Company and Name o	r Title of Contact Person				
Contact Name		Contact Title				
Rachel A. Simmons		Sole Member				
Street Address 18 Maple Avenue, #115		City Barrington	State RI	^{Zip} 02806		
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.						
9. 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			Date			
Rachel A. Simmons			3/29	124		
Signature of Authorized Person	A- Gma	~~~~	•			

MAIL TO:

Division of Business Services

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

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