



**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.

**FILED**

APR 10 2024

BY B. Blal

1. Entity ID Number 001687527	2. Exact name of the Limited Liability Company Clear Voice Therapy, LLC		
3. NAICS Code 621340	4. Brief description of the character of business conducted in Rhode Island Speech Therapy		
5. State of Formation Rhode Island			
6. Principal Office Address 433 Broadway		City Providence	State RI
Zip 02909			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Michele G Fava		Contact Title Owner	
Street Address 433 Broadway		City Providence	State RI
Zip 02909			
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 Michele G Fava			Date 4/2/24
Signature of Authorized Person 			

**MAIL TO:**

Division of Business Services  
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