



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
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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 <u>1701991</u> | | 2. Exact name of the Limited Liability Company <u>PVO Care Wellness Center LLC</u> | |
| 3. NAICS Code <u>621330</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>Primary Care and Mental Health Clinic.</u> | |
| 5. State of Formation <u>RI</u> | | | |
| 6. Principal Office Address <u>126 Prospect St. Suite 105</u> | | City <u>Providence</u> | State <u>RI</u> |
| | | Zip <u>02860</u> | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name <u>Effen King</u> | | Contact Title <u>Owner</u> | |
| Street Address <u>126 Prospect St. Suite 105</u> | | City <u>Providence</u> | State <u>RI</u> |
| | | Zip <u>02860</u> | |
| 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 <u>Effen King</u> | | Date <u>04/10/24</u> | |
| Signature of Authorized Person <u>E. King</u> | | | |

FILED

APR 10 2024

BY

SLWYS

KJ

MAIL TO:

Division of Business Services
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