



State of Rhode Island
Department of State - Business Services Division

REC'D RIDGS BSD
24 APR 10 PM 4:06:18

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>R 18/2019</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 406

APR 10 2024

BY SLWYS
KJ

MAIL TO:
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