



State of Rhode Island  
 Department of State - Business Services Division

**FILED**

**APR 10 2024**

BY 1838  
 OS

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<br>000795945  |  | 2. Exact name of the Limited Liability Company<br>LOREN ESPOSITO LICSW, LLC                                |             |
| 3. NAICS Code<br>621112   |  | 4. Brief description of the character of business conducted in Rhode Island<br>A mental health specialist. |             |
| 5. State of Formation<br>Rhode Island   |  |  |             |
| 6. Principal Office Address<br>1441 Park Avenue, Suite C  |  | City<br>Cranston   | State<br>RI |
| Zip<br>02920  |  |  |             |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |  |             |
| Contact Name<br>Frank Mastrati, Jr., Esquire  |  | Contact Title<br>Attorney  |             |
| Street Address<br>1441 Park Avenue, Suite C   |  | City<br>Cranston   | State<br>RI |
| Zip<br>02920  |  |  |             |
| 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<br>Loren A. Esposito  |  | Date<br>3/15/24  |             |
| Signature of Authorized Person<br>  |  |  |             |

**MAIL TO:**

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