



State of Rhode Island
Department of State - Business Services Division

FILED

APR 12 2024

BY

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 536886 | | 2 Exact name of the Limited Liability Company Lyme Center of New England, LLC | |
| 3 NAICS Code 9223120 | | 4 Brief description of the character of business conducted in Rhode Island To provide healthcare to the public | |
| 5 State of Formation RI | | | |
| 6 Principal Office Address 573 Mendon Road, Suite 3 | | City Cumberland | State RI |
| | | Zip 02864 | |
| 7 Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name Susan Neuber | | Contact Title Member | |
| Street Address 573 Mendon Road, Suite 3 | | City Cumberland | State RI |
| | | Zip 02864 | |
| 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 Susan Neuber | | Date 2/1/24 | |
| Signature of Authorized Person | | | |

MAIL TO:

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