




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 16 2024  
BY 15034

1. Entity ID Number 1336193		2. Exact name of the Limited Liability Company RHODE ISLAND APD, LLC		
3. NAICS Code 621340		4. Brief description of the character of business conducted in Rhode Island MEDICAL PRACTICE SPECIALIZING IN AUDIOLOGY		
5. State of Formation RI				
6. Principal Office Address 1054 RESERVOIR AVE		City CRANSTON	State RI	Zip 02910
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name MATTHEW FEARON		Contact Title PRINCIPAL		
Street Address 15 GLEN RIDGE RD		City CRANSTON	State RI	Zip 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 MATTHEW M. FEARON			Date 4/12/2024	
Signature of Authorized Person 				

MAIL TO:

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