



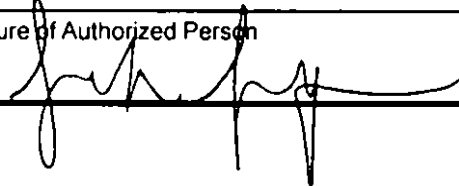
**State of Rhode Island  
Department of State - Business Services Division**

REC'D RIDOS BSD  
20 APR 17 AM 10:09:47

**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 1727421	2. Exact name of the Limited Liability Company 3. Waves of Hope RI, LLC			
4. NAICS Code 5. 621330	4. Brief description of the character of business conducted in Rhode Island Medical Services & Therapy			
6. State of Formation 7. Rhode Island				
6. Principal Office Address 39 Merchant St		City North Providence	State RI	Zip 02911
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Sarah F Sangermano		Contact Title Member		
Street Address 39 Merchant St		City North Providence	State RI	Zip 02911
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. <i>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.</i>				
Name of Authorized Person Sarah F Sangermano			Date 4/2/2024	
Signature of Authorized Person 				

**FILED**

**APR 17 2024**

BY 4802

AA

**MAIL TO:**  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov