



State of Rhode Island

Department of State - Business Services Division

APR 17 2024

1141 02

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 001758168 | | 2. Exact name of the Limited Liability Company Lion's Roar Speech Therapy LLC | | |
| 3. NAICS Code 621340 | | 4. Brief description of the character of business conducted in Rhode Island speech therapy | | |
| 5. State of Formation RI | | | | |
| 6. Principal Office Address 105 Circle Drive | | City North Kingstown | State RI | Zip 02852 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | |
| Contact Name Rachel Wintner | | Contact Title Member | | |
| Street Address 103 Circle Drive | | City North Kingstown | State RI | Zip 02852 |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | | |
| <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 Rachel Wintner | | | Date 4/13/24 | |
| Signature of Authorized Person  | | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov