RI SOS Filing Number: 202451456670 Date: 4/17/2024 2:11:00 PM



State of Rhode Island Department of State - Business Services Division

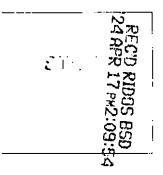
Annual Report for the year: 202
Limited Liability Company

2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



Entity ID Number	2. Exact name of the Limited Liability Company			
001705914	Revolution Sports Medicine, LLC			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island Outpatient physical therapy office focusing on orthopedics and sports			
621340				
5. State of Formation	rehabilitation. We also perform sports performance and personal training.			
6. Principal Office Address	<u> </u>	City	State	Zıp
21 Harkness Road		North Smithfield	RI	02896
7. Mailing Address of Limited L	iability Company and Name or Tit	le of Contact Person		
Contact Name Timothy Loughlin		Contact Title President		
Street Address 21 Harkness Road		City North Smithfield	State RI	^{Zip} 02896
8. The Resident Agent information	tion currently of record with the RI	Department of State is accurate	Changes require	e filing Form 642.
	declare and affirm that I have e ments contained herein are tru	• • •	any accompany	ring schedules and
Name of Authorized Person			Date	
Timothy Loughlin			04.14.2024	
Signature of Authorized Person	1		•	

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 **Website:** www.sos.ri.gov

2:11

FILED

APR 17 2024

BY MOL ØA 79 V