Office of the Secretary of State         Division Of Business Services         148 W. River Street         Providence RI 02904-2615         (a01) 222-3040         Colspan="2">Colspan="2"         Colspan="2"         Colspan="2"         Colspan="2"         Colspan="2"         Colspan="2"         Colspan="2"         Colspan="2"         Colspan="2"		<b>•</b> ••••
148 W. River Street Providence RI 02904-2615 (401) 222-3040         Imited Liability Company Annual Report Piling Poriod: February 1 - May 1         In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the ime prescribed by law (R.I.G.L. 7-16-66(k6c)) is subject to a penalty fee of \$26.00.         ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024         In accordance with R.I.G.L. 7-16-66(k6c)) is active to a penalty fee of \$26.00.         ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024         In DNo. 001720785         2. Exact Name of the Limited Liability Company LMW LLC         3. State of Formation         State: RI         NAICS CODE         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online.         621111         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         PROVIDE PHYSIATRY SERVICES FOR PATIENTS AT SKILLED NURSING FACILITIES         5. Principal Office Address         No. and Street: 336 OLNEY ST City or Town: PROVIDENCE         State: RI       Zip: 02906         Country: USA		\$50.00
Providence RI 02904-2615 (401) 222-3040         Limited Liability Company Annual Report         Filing Period: February 1 - May 1         In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024         1. ID No.       001720785         2. Exact Name of the Limited Liability Company LMW LLC         3. State of Formation State: RI         NAICS CODE         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online.         621111         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         PROVIDE PHYSIATRY SERVICES FOR PATIENTS AT SKILLED NURSING FACILITIES         5. Principal Office Address         No. and Street:       336 OLNEY ST City or Town:         Contact Name: Contact Title: No. and Street:       336 OLNEY ST City or Town:         Contact Name: Contact Title: No. and Street:       336 OLNEY ST City or Town:         City or Town:       PROVIDENCE       State: RI       Zip: 02906       Country: USA         7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11       Country: USA <td>Division Of Business Services</td> <td></td>	Division Of Business Services	
(401) 222-3040         Limited Liability Company Annual Report         Filing Period: February 1 - May 1         In accordance with R.I.G.L. 7-16-66(6d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(68.c.)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024         1. ID No. 001720785         2. Exact Name of the Limited Liability Company LMW LLC         3. State of Formation         State: RI         NAICS CODE         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online.         621111         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         PROVIDE PHYSIATRY SERVICES FOR PATIENTS AT SKILLED NURSING FACILITIES         5. Principal Office Address         No. and Street:       336 OLNEY ST City or Town:       Zip: 02906       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Title: No. and Street:       336 OLNEY ST City or Town:       PROVIDENCE       State: RI       Zip: 02906-2318	148 W. River Street	
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LAINE HEIN 336 OLNEY ST PROVIDENCE , RI 02906-2318		
	LAINE HEIN <u>336 OLNEY ST PROVIDENCE</u> , <u>RI 02906-2318</u>	

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 19 Day of April, 2024 at 3:15:27 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>LAINE HEIN</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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