



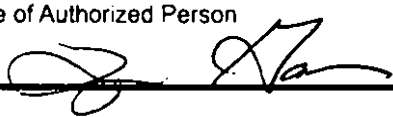
**State of Rhode Island
Department of State - Business Services Division**

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FOR
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USE ONLY

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 000507252		2. Exact name of the Limited Liability Company Lynn Gauman Speech Pathology Services, LLC			
3. NAICS Code 621340		4. Brief description of the character of business conducted in Rhode Island Provide speech and language diagnostics and therapy			
5. State of Formation Rhode Island					
6. Principal Office Address 27 Starflower Court		City South Kingstown	State RI	Zip 02879	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Lynn Gauman		Contact Title Member			
Street Address 27 Starflower Court		City South Kingstown	State RI	Zip 02879	
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 Lynn Gauman				Date 4-15-2024	
Signature of Authorized Person 					

FILED

APR 19 2024
BY 1845 AAE

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