



State of Rhode Island
Department of State - Business Services Division

FILED
 STAMP
 APR 25 2024
 BY *[Signature]*

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 001680781	2. Exact name of the Limited Liability Company SPEECH WORKS RI, LLC		
3. NAICS Code 621340	4. Brief description of the character of business conducted in Rhode Island SPEECH PATHOLOGY		
5. State of Formation RI			
6. Principal Office Address 314 MAGNOLIA STREET		City CRANSTON	State RI
Zip 02910			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name LUCIA WATSON		Contact Title MEMBER	
Street Address 314 MAGNOLIA STREET		City CRANSTON	State RI
Zip 02910			
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 LUCIA WATSON			Date 3/4/24
Signature of Authorized Person <i>Lucia Watson</i> 4/22/24			

MAIL TO:
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