RI SOS Filing Number: 202453792820 Date: 4/25/2024 4:00:00 PM



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

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.



Entity ID Number	2. Exact name of the Limite	d Liability Company		
1660369	Lana Elhalabi, M.D., LLC			
3. NAICS Code <b>621330</b>	Brief description of the character of business conducted in Rhode Island     Psychiatric practice.			
5. State of Formation Rhode Island				
6. Principal Office Address		City	State	Zip
203 Governor Street		Providence	RI	02906
7. Mailing Address of Limite	d Liability Company and Name or	Title of Contact Person		
Contact Name Lana Elhalabi, M.D.		Contact Title  Member		
Street Address 203 Governor Street		City Providence	State RI	<sup>Zip</sup> 02906
8. The Resident Agent inform	mation currently of record with the	RI Department of State is accura	ate. Changes requin	e filing Form 642.
9. Under penalty of perjury statements, and that all st	y, I declare and affirm that I have atements contained herein are	e examined this report, includi	ng any accompany	ring schedules and
Name of Authorized Person		Date		
Lana Elhalabi, M.D.			4/10/24	
Signature of Authorized Per	son			
·	117			•

## MAIL TO:

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

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