

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

2024

Limited Liability Company

Annual Report for the year:

→ 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 1660369	2. Exact name of the Limited Liability Company Lana Elhalabi, M.D., LLC			
3. NAICS Code 621330	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	^{Zip} 02906
8. The Resident Agent infor	mation currently of record with	the RI Department of State is accura	ate. Changes requin	e filing Form 642.
9. Under penalty of perjur statements, and that all s	y, I declare and affirm that I h tatements contained herein a	ave examined this report, includi re true and correct.	ng any accompany	ring schedules and
Name of Authorized Person			Date	
Lana Elhalabi, M.D.			4/10/24	

MAIL TO:

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