



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.

FILED

MAY 01 2024

BY

4  
DS

1. Entity ID Number <b>001744754</b>		2. Exact name of the Limited Liability Company <b>Suzanne O'Shea Associates LLC</b>	
3. NAICS Code <b>621330</b>		4. Brief description of the character of business conducted in Rhode Island <b>THERAPY SERVICES</b>	
5. State of Formation <b>Rhode Island</b>			
6. Principal Office Address <b>P.O. Box 20106</b>		City <b>Cranston</b>	State <b>RI</b>
Zip <b>02920</b>			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>Suzanne O'Shea</b>		Contact Title <b>Member</b>	
Street Address <b>P.O. Box 20106</b>		City <b>Cranston</b>	State <b>RI</b>
Zip <b>02920</b>			
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. 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.			
Name of Authorized Person <b>Suzanne O'Shea</b>			Date <b>4/5/2024</b>
Signature of Authorized Person 			

## MAIL TO:

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