




**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
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1. Entity ID Number 001744754		2. Exact name of the Limited Liability Company Suzanne O'Shea Associates LLC			
3. NAICS Code 621330		4. Brief description of the character of business conducted in Rhode Island THERAPY SERVICES			
5. State of Formation Rhode Island					
6. Principal Office Address P.O. Box 20106		City Cranston	State RI	Zip 02920	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Suzanne O'Shea			Contact Title Member		
Street Address P.O. Box 20106		City Cranston	State RI	Zip 02920	
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 Suzanne O'Shea				Date 4/5/2024	
Signature of Authorized Person 					

MAIL TO:
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