

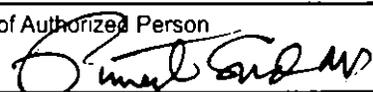


State of Rhode Island
Department of State - Business Services Division

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 4/14851

1. Entity ID Number 001681321		2. Exact name of the Limited Liability Company SNM, LLC	
3. NAICS Code 621111		4. Brief description of the character of business conducted in Rhode Island Internal Medicine Practice	
5. State of Formation RI			
6. Principal Office Address 922 Reservoir Avenue		City Cranston	State RI
Zip 02910			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Dr. Puneet Sud		Contact Title Member	
Street Address 922 Reservoir Avenue		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.			
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 Dr. Puneet Sud		Date 4/24/24	
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