RI SOS Filing Number: 202455427810 Date: 6/6/2024 11:16:00 AM

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

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Annual Report for the year: 2018
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.

1. Entity ID Number	2. Exact name of the Limited Liability Company  Dysphagia Management Systems LLC			
000846848				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island  Speech Pathology Diagnostics and Consulting			
621340				
5. State of Formation				
FL	•			
6. Principal Office Address	· · · · · · · · · · · · · · · · · · ·	City	State	Zip
5681 Bentgrass Drive #104		Sarasota	FL	35235
7. Mailing Address of Limited	Liability Company and Name or	Title of Contact Person		<del>-</del>
Contact Name Carol G. Winchester		Contact Trile Member		
Street Address 5681 Bentgrass Drive #104		City Sarasota	State FL	<sup>Zip</sup> 34235
8. The Resident Agent informa	ation currently of record with the	RI Department of State is accu	rate. Changes require	e filing Form 642.
	I declare and affirm that I hav ements contained herein are	e examined this report, include true and correct.	ling any accompany	ing schedules and
Name of Authorized Person Carol G Winchester, P	res		(Date) 03/29/2024	
Signature of Authorized Perso	Elinchestel	, thes	•	

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JUN 6 2024

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