

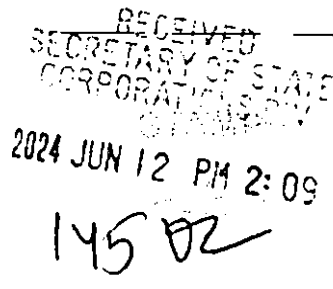


State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: ~~2023~~ 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

JUN 12 2024



1. Entry ID Number 001734568		2. Exact name of the Limited Liability Company Flora Family Health LLC	
3. NAICS Code 621111		4. Brief description of the character of business conducted in Rhode Island Medical office	
5. State of Formation RI			
6. Principal Office Address 64 Channing Avenue		City Riverside	State RI Zip 02915
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Dr. Ashley Lakin		Contact Title Owner	
Street Address 64 Channing Avenue		City Riverside	State RI Zip 02915
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 Ashley M. Lakin		Date 6/6/2024, 8:57:58 PM	
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