

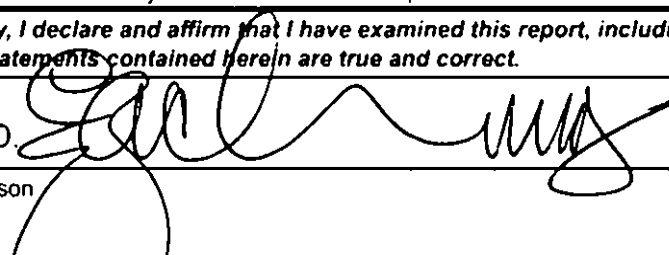


**State of Rhode Island  
Department of State - Business Services Division**

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.

**STAMP**  
 JUL 15 2024  
 FOR SECRETARY OF STATE  
 USE ONLY  
 21501  
 100316583

1. Entity ID Number <b>506786</b>	2. Exact name of the Limited Liability Company <b>Emily Ackerman, M.D., LLC</b>		
3. NAICS Code <b>621111</b>	4. Brief description of the character of business conducted in Rhode Island <b>Practice of medicine.</b>		
5. State of Formation <b>Rhode Island</b>			
6. Principal Office Address <b>261 Main Street, Unit 102</b>	City <b>Slatersville</b>	State <b>RI</b>	Zip <b>02876</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>Emily Ackerman, M.D.</b>	Contact Title <b>Owner</b>		
Street Address <b>PO Box 927</b>	City <b>Slatersville</b>	State <b>RI</b>	Zip <b>02876</b>
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 <b>Emily Ackerman, M.D.</b>			Date <b>6/13/2024</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)