



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

Annual Report for the year: 2024
Limited Liability Company

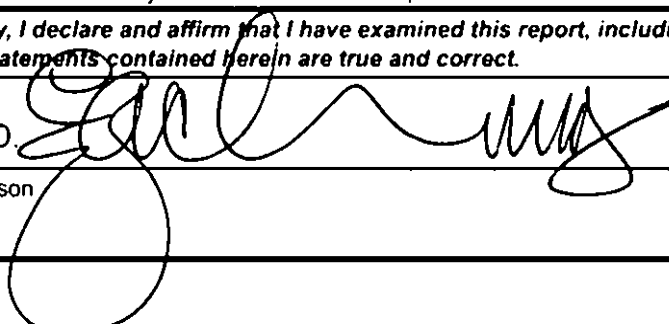
- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP

JUL 15 2024
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1. Entity ID Number 506786	2. Exact name of the Limited Liability Company Emily Ackerman, M.D., LLC		
3. NAICS Code 621111	4. Brief description of the character of business conducted in Rhode Island Practice of medicine.		
5. State of Formation Rhode Island			
6. Principal Office Address 261 Main Street, Unit 102	City Slatersville	State RI	Zip 02876
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Emily Ackerman, M.D.	Contact Title Owner		
Street Address PO Box 927	City Slatersville	State RI	Zip 02876
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 Emily Ackerman, M.D.			Date 6/13/2024
Signature of Authorized Person			

MAIL TO:
Division of Business Services
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