



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
24 JUL 16 PM 2:21:40

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.

1. Entity ID Number <u>001244420</u>		2. Exact name of the Limited Liability Company <u>JAMES G STUART DO LLC</u>		
3. NAICS Code <u>621111</u>		4. Brief description of the character of business conducted in Rhode Island <u>Medical Practice</u>		
5. State of Formation <u>RI</u>				
6. Principal Office Address <u>46 WELLS ST</u>		City <u>WESTERLY</u>	State <u>RI</u>	Zip <u>02891</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name <u>JAMES STUART</u>		Contact Title <u>PHYSICIAN/CEO</u>		
Street Address <u>46 WELLS ST</u>		City <u>WESTERLY</u>	State <u>RI</u>	Zip <u>02891</u>
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 <u>JAMES G STUART</u>			Date <u>6-19-24</u>	
Signature of Authorized Person 				

FILED

JUL 16 2024
BY TRP3F
AA. 2:23pm.

MAIL TO:
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