RI SOS Filing Number: 202458314090 Date: 7/24/2024 4:00:00 PM

State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 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.

| FILED |
|-------------------|
| JUL 2 4 2024 BY 1 |
| 1 / / |

| 1 Entity ID Number | 2. Exact name of the Limited Liability Company | | | | |
|--------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------|---------------------------------|--|
| 000980666 | Quality Medicine LLC | | | | |
| 3. NAICS Code | 1 | Brief description of the character of business conducted in Rhode Island Doctor's Office | | | |
| 621111 | Doctor's Office | | | | |
| 5. State of Formation | | | | | |
| RI | | | | | |
| 6. Principal Office Address | <u> </u> | City / | State | Zip | |
| 3 Crestview Dr | | Westerly | RI | 02891 | |
| 7. Mailing Address of Limit | ed Liability Company and Name o | r Title of Contact Person | . | | |
| Contact Name Walter Scott Curtice MD | | Contact Title CEO | | | |
| Street Address 6 Shorelline Dr | | City Westerly | State | ^{Z_{ip}} 02891 | |
| 8 The Resident Agent info | ormation currently of record with the | e RI Department of State is acci | urate. Changes requir | e filing Form 642 | |
| | iry, I declare and affirm that I hav statements contained herein are | | ding any accompany | ring schedules and | |
| Name of Authorized Person | | Date | | | |
| Walter Scott Curtice MD | | 07.22.2024 | | | |

Division of Business Services148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos ri.gov