

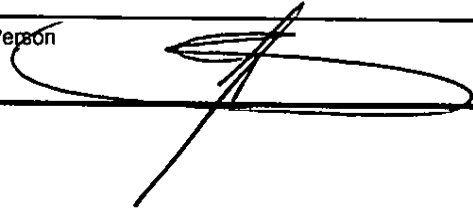


State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
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.

RECEIVED
RI DEPT OF STATE
BUS SVCS DIV
2024 OCT 16 P 12 46

| | | | |
|---|--|---|--------------------|
| 1. Entity ID Number 001705235 | | 2. Exact name of the Limited Liability Company Wound Care Specialists of RI, LLC | |
| 3. NAICS Code 621111 | | 4. Brief description of the character of business conducted in Rhode Island Wound care medical practice providing care to nursing home patients | |
| 5. State of Formation RI | | | |
| 6. Principal Office Address 91 POINT JUDITH | | City NARRAGANSETT | State RI |
| | | Zip 02882 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name Jonathan Brenes | | Contact Title Member | |
| Street Address 76 Batterson Park Road, Suite 106 | | City Farmington | State CT |
| | | Zip 06032 | |
| 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 Jonathan Brenes | | Date 10/09/2024 | |
| Signature of Authorized Person  | | | |

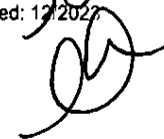
MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

OCT 16 2024

BY

SEAVY
326


FORM 632 - Revised: 12/2022