RI SOS Filing Number: 202460649700 Date: 10/16/2024 3:25:00 PM

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

Annual Report for the year: 2022 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.

-7 Penany. Additional \$2	25.00 fee if form is not filed by May			OF S CS	
1. Entity ID Number	2. Exact name of the Limited Liability Company			D 155	
001705235	Wound Care Specia	Wound Care Specialists of RI, LLC			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
621111	Wound care medical p	Wound care medical practice providing care to nursing home patients			
5. State of Formation	<u> </u>	, -	paran Cara I	- '	
RI					
6. Principal Office Address		City	State	Zip	
91 POINT JUDITH		NARRAGANSETT	RI	02882	
7. Mailing Address of Limite	d Liability Company and Name or Tit	lle 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 infor	mation currently of record with the R	Department of State is accurate	. Changes require	filing Form 642.	
	y, I declare and affirm that I have e tatements contained herein are tru		any accompany	ing schedules and	
Name of Authorized Person		Date			
Jonathan Brenes			10/09/2024		
Signature of Authorized Pe	psof				

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**

FORM 632 - Revised: