



State of Rhode Island
Department of State - Business Services Division

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DEPARTMENT OF STATE
BUSINESS SERVICES DIVISION
2024 NOV 19 AM 11:17

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 001701630		2. Exact name of the Limited Liability Company WORKSITE WELLNESS OF PA LLC			
3. NAICS Code 621399		4. Brief description of the character of business conducted in Rhode Island PROVIDE ONSITE SOFT TISSUE MANAGEMENT & PRE-EMPLOYMENT PHYSICALS			
5. State of Formation PENNSYLVANIA					
6. Principal Office Address 2223 LINDEN STREET, SUITE 2		City BETHLEHEM	State PA	Zip 18017	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name RYAN GILROY		Contact Title OWNER			
Street Address 2223 LINDEN STREET, SUITE 2		City BETHLEHEM	State PA	Zip 18017	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 542.					
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 RYAN GILROY			Date 11/1/24		
Signature of Authorized Person 					

RI DOS MADE NON-SUBSTANTIVE EDITS

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
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BY BTK/E

