



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025

1. ID No. 001678605

2. Exact Name of the Limited Liability Company Comprehensive Addiction Treatment LLC

3. State of Formation

State: RI

NAICS CODE

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

621112

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

OUTPATIENT PHYSICIAN OFFICE EXCLUSIVELY TREATING ADDICTION

5. Principal Office Address

No. and Street: 1950 TOWER HILL ROAD

City or Town: NORTH KINGSTOWN

State: RI

Zip: 02852

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: MICHAEL C. COBURN MD Contact Title:

No. and Street: 1950 TOWER HILL ROAD

City or Town: NORTH KINGSTOWN

State: RI

Zip: 02852

Country: USA

**7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

MICHAEL C. COBURN MD 1950 TOWER HILL ROAD NORTH KINGSTOWN , RI 02852

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 10 Day of January, 2025 at 12:13:43 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By MICHAEL C. COBURN MD
Signature of Authorized Person

Form No. 632
Revised 09/07

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