State of Rhode Island Fee: \$50.00 Office of the Secretary of State Office					
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. <u>001751964</u>					
2. Exact Name of the Limited Liability Company Michael Pomerantz LLC					
3. State of Formation					
State: <u>RI</u>					
NAICS CODE					
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.					
<u>621999</u>					
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island					
INTERPRETATION OF OUTPATIENT SLEEP STUDIES. (PHYSICIAN INTERPRETATION OF SLEEP STUDIES PERFORMED AT EPOCH SLEEP LABS) MY WORK IS PERFORMED REMOTELY. I AM AN INDEPENDENT					
CONTRACTOR AND NOT AN EMPLOYEE OF EPOCH SLEEP LABS					
5. Principal Office Address					
No. and Street: <u>109 TOUISSET</u>					
City or Town: <u>WARREN</u> State: <u>RI</u> Zip: <u>02885</u> Country: <u>USA</u>					
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:					

Contact Name: <u>MICHAEL POMERANTZ</u> Contact Title: <u>MD</u> No. and Street: <u>109 TOUISSET ROAD</u>					
City or Town:	WARREN	State: <u>RI</u>	Zip: <u>02885</u>	Country: <u>USA</u>	
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11 <u>MICHAEL POMERANTZ 109 TOUISSET RD WARREN</u> , <u>RI 02885</u>					
8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).					

1

Signed this 10 Day of January, 2025 at 3:59:44 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 A POMERANTZ

Signature of Authorized Person

Form No. 632 Revised 09/07

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