



State of Rhode Island
Department of State - Business Services Division

STA

SECRETARY OF STATE
USE ONLY

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 001730027		2. Exact name of the Limited Liability Company Olive Branch Nutrition Therapy LLC	
3. NAICS Code 621399		4. Brief description of the character of business conducted in Rhode Island Nutrition counseling by a registered dietitian.	
5. State of Formation RI			
6. Principal Office Address 20 Messer St Unit 4		City Providence	State RI
Zip 02909			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Laila Shanaa		Contact Title Owner	
Street Address 20 Messer St Unit 4		City Providence	State RI
Zip 02909			
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 Laila Shanaa		Date 1/8/2025	
Signature of Authorized Person 			

FILED

JAN 10 2025

BY 8 BCy 9

MAIL TO:

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