

State of Rhode Island

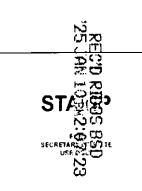
Department of State - Business Services Division

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	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	<u> </u>	City	State	Zip
20 Messer St Unit 4		Providence	RI	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			Date	
Laila Shanaa			1/8/2025	
Signature of Authorized Person				

JAN 1 0 2025

MAIL TO:

Division of Business Services

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