



**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. 001760095

2. Exact Name of the Limited Liability Company Sunshine Speech Therapy 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.

621340

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

EVALUATION AND TREATMENT OF CHILDREN WITH VARYING TYPES OF SPEECH AND LANGUAGE DISORDERS INCLUDING BUT NOT LIMITED TO RECEPTIVE AND EXPRESSIVE LANGUAGE DELAYS, ARTICULATION AND PHONOLOGICAL DISORDERS, FLUENCY DISORDERS AND COMMUNICATION DELAYS RELATED TO AUTISM SPECTRUM DISORDER.

5. Principal Office Address

No. and Street: 310 MAPLE AVENUE
SUITE L06D

City or Town: BARRINGTON

State: RI

Zip: 02806

Country: USA

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

Contact Name: KATHRYN DELGRECO Contact Title: SPEECH - LANGUAGE PATHOLOGIST
No. and Street: 310 MAPLE AVENUE
SUITE L06D
City or Town: BARRINGTON State: RI Zip: 02806 Country: USA

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

KATHRYN DELGRECO 35 ALMY AVENUE WARREN , RI 02885

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

Signed this 12 Day of January, 2025 at 8:00:03 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 KATHRYN DELGRECO
Signature of Authorized Person

Form No. 632
Revised 09/07

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