

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025

Litnited Liebility Company

Filling period: February 1 - May 1

Filling Fee: \$50.00

Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number 001777680	2. Exact name of the Limited Liability Company Pharma Industrial Hygiene, LLC				
3. NAIOS Code 541618	4. Brief description of the character of business conducted in Rhode Island Consulting services, all ancillary purposes, and all other lawful purposes.				
5. State of Formation R1					
6. Principal Office Address 76 Memorial Boulevard		Cily Newport	State RI	Zip 02840	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Marc W. Abromovitz		Contact Title . Manager			
Street Address 76 Memorial Boulevard		City Newport	State RI	Zip 02840	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
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 MARC W Abromovitz		Date /-/8	Date 1-18-2025-		
Signature of Authorized Porson					

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-2040 Wabsita: www.sos.ri.gov