



**State of Rhode Island**  
**Department of State - Business Services Division**

**Annual Report for the year:**  
**Limited Liability Company**

~~2024~~ 2025

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

**FILED**  
 FEB 07 2025  
 BY [Signature]  
 [Signature]

1. Entity ID Number <b>001777108</b>		2. Exact name of the Limited Liability Company <b>DS Clinical Consulting LLC.</b>	
3. NAICS Code <b>541611</b>		4. Brief description of the character of business conducted in Rhode Island <b>General business consulting for Clinical research organizations.</b>	
5. State of Formation <b>Rhode Island</b>			
6. Principal Office Address <b>50 Skating Pond Lane</b>		City <b>Saunderstown</b>	State <b>RI</b>
Zip <b>02874</b>			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>Dawn Sauro</b>		Contact Title <b>Founder</b>	
Street Address <b>50 Skating Pond Lane</b>		City <b>Saunderstown</b>	State <b>RI</b>
Zip <b>02874</b>			
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. <i>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.</i>			
Name of Authorized Person <b>Dawn Sauro</b>			Date <b>03 Feb 2025</b>
Signature of Authorized Person [Signature]			

**MAIL TO:**

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