State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2025
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 **001776269**	2. Exact name of the Limited Liability Company **Raven Outcomes, LLC**		
3. NAICS Code **541600**	4. Brief description of the character of business conducted in Rhode Island **Consultants that offer scientific & medical writing services.**		
5. State of Formation **RI**			
6. Principal Office Address **PO Box 17058**	City **Smithfield**	State **RI**	Zip **02917**
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name **Diane M. Turner-Bowker**	Contact Title **Authorized Person**		
Street Address **PO Box 17058**	City **Smithfield**	State **RI**	Zip **02917**
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 Diane M. Turner-Bowker	Date 14 Feb 2025		
Signature of Authorized Person Diane M. Turner-Bowker			

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

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FORM 632 - Revised: 04/2023