

State of Rhode Island

Department of State - Business Services Division

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.

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1. Entity ID Number 001776269	2. Exact name of the Limited Lia Raven Outcomes, LLC	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 Limite	ed Liability Company and Name or Title	of Contact Person	<u> </u>			
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 Di ane M. TURNER-Bowker		Date (4 F	Date 14 Feb 2025			
Signature of Authorized Per	•• • •					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov