RI SOS Filing Number: 202566693760 Date: 3/4/2025 4:00:00 PM



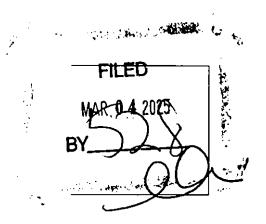
State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 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	2. Exact name of the Limited Liability Company			
001744223	OCEAN S	tate MBS LL	C	
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
623110	Collect Assess information for the health & Well being of residents in Medicake & Medicaid neighbird nursing			
5. State of Formation	Colidente in Medicare + Medicard nechticy norsing			
R.I.	homes			
6. Principal Office Address	_	City	State	Zip
26 Westwood Rd		Lincoln	l L I	02965
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Contact Title OWNER Contact Title				
Street Address 2 6 Westwood Rd		City LINULY	S:ate L	Zip 02865
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642				
9. 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 MAWREN O' Reilly Date 2/26/25				
Signature of Authorized Person MUHUU Theulu				
1/'				

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov