



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025

1. ID No. 001738965

2. Exact Name of the Limited Liability Company GRADAM MENS HEALTH & TESTOSTERONE CLINIC LLC

3. State of Formation

State: RI

NAICS CODE

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

621999

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

GRADAM MEN'S HEALTH & TESTOSTERONE CLINIC SPECIALIZES IN TREATING MEN'S

SEXUAL AND LIFESTYLE HEALTH ISSUES. WE RECOGNIZE THE IMPACT THAT ERECTILE

DYSFUNCTION, LOW TESTOSTERONE, LOW GROWTH HORMONE, PREMATURE EJACULATION,

WEIGHT GAIN, AND RELATED ISSUES CAN HAVE ON A MAN'S MENTAL, EMOTIONAL, AND

PHYSICAL WELL-BEING. HOWEVER, WE ALSO KNOW THAT, FOR MOST GUYS, THESE

CONDITIONS CAN BE EFFECTIVELY TREATED – ENABLING MEN TO REGAIN THEIR HEALTH, VITALITY, ENERGY, CONFIDENCE, AND THE ABILITY TO PERFORM WHEN THE

TIME IS RIGHT.

5. Principal Office Address

No. and Street: 225 NEWMAN AVENUE

SUITE 310

City or Town: RUMFORD

State: RI

Zip: 02916

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 225 NEWMAN AVENUE, SUITE 310

City or Town: EAST PROVIDENCE

State: RI

Zip: 02916

Country: USA

**7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

REPUBLIC REGISTERED AGENT LLC 50 INDUSTRIAL CIR #105 LINCOLN , RI 02865

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 8 Day of March, 2025 at 11:44:21 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By CIMONAH

Signature of Authorized Person

Form No. 632
Revised 09/07

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