



State of Rhode Island
Department of State - Business Services Division

2025

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.

FILED

APR 25 2025

BY SOSL

OV

1 Entity ID Number 1727421	2 Exact name of the Limited Liability Company Waves of Hope RI, LLC			
3 NAICS Code 621330	4 Brief description of the character of business conducted in Rhode Island Medical Services & Therapy			
5 State of Formation Rhode Island				
6 Principal Office Address 39 Merchant St		City North Providence	State RI	Zip 02911
7 Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Sarah F Sangermano		Contact Title Member		
Street Address 39 Merchant St		City North Providence	State RI	Zip 02911
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 Sarah F Sangermano			Date 3/29/2025	
Signature of Authorized Person 				

MAIL TO:**Division of Business Services**

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

Phone: (401) 222 3040

Website: www.sos.ri.gov