**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 SOSC

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