

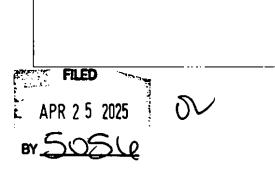
State of Rhode Island

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.



1	Entity ID Number 1727421	Exact name of the Limited Liability Company Waves of Hope RI, LLC				
3	NAICS Code 621330		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	I Name or Title of Contact Person	l .		
Contact Name Sarah F Sangermano			Contact Title Member			
Street Address 39 Merchant St			City North Providence	State RI	Zip 02911	
8	The Resident Agent Inform	nation currently of recoi	rd with the RI Department of State is acc	urate. Changes requ	ire filing Form 642.	
			that I have examined this report, inclu erein are true and correct.	ding any accompai	nying schedules and	
	me of Authorized Person rah F Sangermano	\wedge		3/29/2025		
y y	gnature of Authorized Pers					
	U /	$\sqrt{-1}$				

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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