RI SOS Filing Number: 202571553020 Date: 4/25/2025 4:00:00 PM



State of Rhode Island **Department of State - Business Services Division**

C.	FILED
A	PR 2 5 2025 AMP
BV ~	3000 100 100 000 000 000 000 000 000 000

Annual Report for the year:

2025 **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 Limite	2. Exact name of the Limited Liability Company				
134153	BROADWAY MEDICAL TREATMENT CENTER, LLC					
3. NAICS Code 621111 5. State of Formation RI	Brief description of the character of business conducted in Rhode Island Medical treatment center					
6. Principal Office Address 1053 South Broadway		City East Providence	State RI	Zip 02914		
7. Mailing Address of Limited	Liability Company and Name or	Title of Contact Person				
Contact Name Stephen J. DiGianfilippo		Contact Title Attorney				
Street Address 50 Park Row West, Suite 107		City Providence	State RI	^{Zip} 02903		
8 The Resident Agent inform	ation currently of record with the	RI Department of State is accura	te. Changes require	e filing Form 642		
		re examined this report, including	g any accompany	ying schedules and		
Name of Authorized Person	tements contained herein are	true and correct.	Date			
Peter & Brassard, Mi	D, Manager		3/24/25			
Signature of Authorized Person	on					

MAIL TO:

Division of Business Services

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

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