

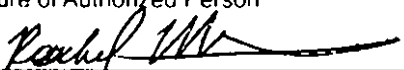


**State of Rhode Island**  
**Department of State - Business Services Division**

**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.

**FILED**  
 MAY 08 2025  
 RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 BY 1183  
 2025 MAY -8 A 11:34

1. Entity ID Number <b>001758168</b>		2. Exact name of the Limited Liability Company <b>Lion's Roar Speech Therapy LLC</b>		
3. NAICS Code <b>621340</b>		4. Brief description of the character of business conducted in Rhode Island <b>speech therapy</b>		
5. State of Formation <b>RI</b>				
6. Principal Office Address <b>105 Circle Drive</b>		City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name <b>Rachel Wintner</b>		Contact Title <b>Member</b>		
Street Address <b>103 Circle Drive</b>		City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. <i>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.</i>				
Name of Authorized Person <b>Rachel Wintner</b>			Date <b>5/3/25</b>	
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](http://www.sos.ri.gov)