RI SOS Filing Number: 202573194410 Date: 5/15/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
MAY 15 2025
BY:

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 Limited Liability Company		
000799419	NEUROLINE SOLUTIONS, LLC		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island		
446199	Sale of homeopathic remedies and natural supplements.		
5. State of Formation			
RI			
6. Principal Office Address	City	State	Zip
1239 Hartford Avenue, Suite 1	Johnston	RI	02919
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name: Albert J. Marano	Contact Title:		
Street Address: 1239 Hartford Avenue, Suite 1	City: Johnston	State: RI	Zip: 02919
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: Albert J. Marano		Date: ✓ 4/30/25	
Signature of Authorized Person: ✓			

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 632 - Revised: 12/2023