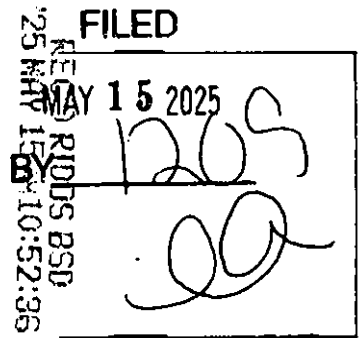


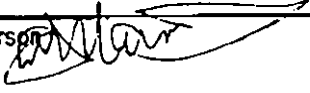


State of Rhode Island
Department of State - Business Services Division

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.



1. Entity ID Number 000799419		2. Exact name of the Limited Liability Company NEUROLINE SOLUTIONS, LLC	
3. NAICS Code 446199		4. Brief description of the character of business conducted in Rhode Island Sale of homeopathic remedies and natural supplements.	
5. State of Formation RI			
6. Principal Office Address 1239 Hartford Avenue, Suite 1		City Johnston	State RI
		Zip 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
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov