



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024  
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.

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1. Entity ID Number <b>001761458</b>		2. Exact name of the Limited Liability Company <b>Sandra Carruthers Nurse Practitioner LLC</b>	
3. NAICS Code <b>021399</b>		4. Brief description of the character of business conducted in Rhode Island <b>Nurse Practitioner</b>	
5. State of Formation <b>Rhode Island</b>			
6. Principal Office Address <b>10 Chambers Street</b>		City <b>Cumberland</b>	State <b>RI</b>
		Zip <b>02864</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>Sandra Carruthers</b>		Contact Title <b>Owner</b>	
Street Address <b>55 Long Street</b>		City <b>Warwick</b>	State <b>RI</b>
		Zip <b>02886</b>	
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 <b>Sandra Carruthers.</b>		Date <b>05/29/2025</b>	
Signature of Authorized Person <i>[Signature]</i>			

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)

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FORM 632 - Revised: 12/2023