State of Rhode Island
Department of State - Business Services Division

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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.

1. Entity ID Number	2. Exact name of the Limited Liability Company		
001761458	Sandra Carruthers Nurse Practitioner LLC		
3. NAICS Code 621399	4. Brief description of the character of business conducted in Rhode Island Nurse Practitioner		
5. State of Formation Rhode Island			
6. Principal Office Address 10 Chambers Street	City Cumberland	State RI	Zip 02864
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Sandra Carruthers	Contact Title Owner		
Street Address 55 Long Street	City Warwick	State RI	Zip 02886
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 Sandra Carruthers.		Date 05/29/2025	
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

FILED
JUN 02 2025
BY

FORM 632 - Revised: 12/2023