RI SOS Filing Number: 202576308120 Date: 6/26/2025 4:00:00 PM

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	2. Exact name of the Limited Liability Company LINGER MEDICANTI WC			
3. NAICS Code 2221 5. State of Formation 7. 1	4. Brief description of the character of business conducted in Rhode Island FULL SEKUSULE FOOD + BEVEILAGE + USUVOZ (SCENSE			
6. Principal Office Address		City	State	Zip
169 MASN ST		WESTEINY	RI	02891
7. Mailing Address of Limited	Liability Company and Name or 1	Title of Contact Person		
Contact Name WHITH SAM AGNELLO		Contact Title OWNEIC		
Street Address 156 RIVER RH.		PAWCATUCK	State	0037-9
	nation currently of record with the l		ate. Changes requi	re filing Form 642.
9. Under penalty of perjury statements, and that all sta	, I declare and affirm that I have tements contained herein are t	examined this report, including and correct.	ng any accompan	ying schedules and
Name of Authorized Person SAM AGNEUU			Oate 6/26/23	
Signature of Authorized Pers				
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 FILED

JUN 26 2025

FORM 632 - Revised 12/2023