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State of Rhode Island Department of State - Business Services Division

Annual Report for the year: Limited Liability Company 2025

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→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by May 31.

2025 JUL 21 P 2: 31

1. Entity ID Number	2. Exact name of the Limited Liability Company				
001696551	Meta Bio heath LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island OWING VHOULD SUfflent Company				
446199					
5. State of Formation					
RI RI					
6. Principal Office Address	0	City	State	Zip A-QID	
60 laxeland Road		Crewton	KZ	00710	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
AUNMAREE ARVANTES		President			
Street Address 60 Lakelad Road		Craneton	State	Zip (2) (7)	
		<u></u>	<u> </u>	1	
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			Date Olla	Date 0/1x/2	
HONNIMARIE ARMANTES			////	///0/5 3	
Signature of Authorized Person					
/lul/ITI					

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MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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