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State of Rhode Island Department of State - Business Services Division					
Annual Report for the year:	2025			•	
→ Filing Period: February 1 → Filing Fee: \$50.00	•	1	. 2025 JL	R.1. DF BUS	
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.			L 30		
1. Entity ID Number	2. Exact name of the Limited Liability Company				
905574	Ascension NXT, LLC		A D.		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island Wellness Center				
812990					
5. State of Formation					
Rhode Island					
6. Principal Office Address		City	State	Zip	
378 Main Street, Unit 7		E. Greenwich	Ri	02818	
7. Mailing Address of Limited Lial	pility Company and Name or Title	of Contact Person			
Contact Name Ashley Vingi		Contact Title Manager			
Street Address 378 Main Street, Unit 7		E. Greenwich	State RI	^{Zip} 02818	
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 /		
Ashley Vingi			7/28/	2025	
Signature of Authorized Flerson,	00010		1		

FILED

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov