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	2. Exact name of the Limited Liability Company
001697591	Katrina Cox Nutrition, LLC
3. NAICS Code: 621399	4. Brief description of the character of business conducted in Rhode Island: My business is a telehealth dietitian, specializing in IBS and SIBO. I offer regular appointments for clients as they navigate their gut health and manage symptoms.
5. State of Formation: RI	

6. Principal Office Address	City	State	Zip
16 Bristol Ave	Pawtucket	RI	02861

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title
Katrina Cox	Owner

Street Address	City	State	Zip
16 Bristol Ave	Pawtucket	RI	02861

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
Katrina Cox	7/14/25

Signature of Authorized Person: Katrina Cox

FILED
AUG 6 2025 12:30
BY RE2DM

MAIL TO:
Division of Business Services
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