RI SOS Filing Number: 202577488830 Date: 8/6/2025 12:29:00 PM



State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2023
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 Limit	2. Exact name of the Limited Liability Company				
001697591	Katrina Cox Nutrition, LLC					
3. NAICS Code 621399	Brief description of the character of business conducted in Rhode Island My business is a teleheath dietitian specializing in IBS and SIBO. I offer					
5. State of Formation RI	regular appointment manage symptoms	regular appointments for clients as they navigate their gut health and manage symptoms				
6. Principal Office Address		City	State	Zip		
16 Bristol Ave		Pawtucket	RI	02861		
7. Mailing Address of Limite	ed Liability Company and Name o	r Title of Contact Person		- 1		
Contact Name Katrina Cox		Contact Title Owner				
Street Address 16 Bristol Ave		City Pawtucket	State RI	^{Zip} 02861		
8. The Resident Agent info	rmation currently of record with th	e RI Department of State is accu	rate. Changes requir	e filing Form 642.		
	ry, I declare and affirm that I ha tatements contained herein are		ling any accompan	ying schedules and		
Name of Authorized Person		Date				
Katrina Cox	trina Cox		7/14/25			
Signature of Authorized Pe	rsan P	•				

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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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