

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Limited Liability Company 2023

→ 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 001697591 | 2. Exact name of the Limited Liability Company Katrina Cox Nutrition, LLC | | | |
|---|---|---------------------|----------|----------------------|
| 3. NAICS Code 621399 | 4. Brief description of the character of business conducted in Rhode Island My business is a teleheath 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 | | | | |
| 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 Katrina Cox | | Contact Title Owner | | |
| Street Address 16 Bristol Ave | | City Pawtucket | State RI | ^{Zip} 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 | | | | |

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MAIL TO:

Division of Business Services

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