

State of Rhode Island Department of State - Business Services Division

Annual Report for the year:

→ 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	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	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	or Title of Contact Person			
Contact Name Katrina Cox		Contact Title Owner			
Street Address 16 Bristol Ave		City Pawtucket	State	^{Zip} 02861	
8. The Resident Agent info	rmation currently of record with	the RI Department of State is accu	rate. Changes requir		
	ry, I declare and affirm that I h tatements contained herein a	nave examined this report, including true and correct.	ing any accompany	ring schedules and	
Name of Authorized Person			Date		
Name of Authorized Persor		Katrina Cox		7/14/25	

FILED

12:27

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BY REZDM

MAIL TO:

Division of Business Services

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

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