RI SOS Filing Number: 202577489170 Date: 8/6/2025 12:26:00 PM



State of Rhode Island Department of State - Business Services Division

Annual Report for the year:
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 | 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 Limite | ed Liability Company and Name of | or Title of Contact Person | | I |
| 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 th | e RI Department of State is accu | rate. Changes require | |
| | y, I declare and affirm that I ha tatements contained herein are | ve examined this report, include true and correct. | ing any accompany | ring schedules and |
| Name of Authorized Person | | | Date | |
| Katrina Cox | | 7/14/25 | | |
| Signature of Authorized Pe | rson | | | |

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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