

State of Rhode Island Department of State - Business Services Division

Annual Report for the year:	2024	
Ailliual 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 Subsalve USA, LLC					
3. NAICS Code 326130 5. State of Formation DE	4. Brief description of the character of business conducted in Rhode Island Underwiter Fulletable Boyacy Solutions					
6. Principal Office Address P.O. Box 2030	•	City North Kingstown	State RI	Zip 02852		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Richard Heath CEO						
Street Address P.O. Box 203	30	City North Kingstown	State RI	^{Zip} 02852		
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				
Richard Heath		8/5/2025				
Signature of Authorized Person						

FILED

MAIL TO:

Division of Business Services

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

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