State of Rhode Island
Office of the Secretary of State

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Company Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2026: 2026

1. ID No. 001764497

2. Exact Name of the Limited Liability Company IEMD HEALTH SERVICES, LLC

3. State of Formation

State: RI

NAICS CODE

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.

621111

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

MEDICAL PYSICIAN OFFICE AND CONSULTING

5. Principal Office Address

No. and Street: 13 DEXTER ROAD
City or Town: FOXBORO State: MA Zip: 02035 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:
No. and Street: 13 DEXTER ROAD
City or Town: FOXBORO State: MA Zip: 02035 Country: USA

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ALAN S CASALE 1 WORTHINGTON ROAD CRANSTON , RI 02920

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 6 Day of February, 2026 at 12:44:42 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By ALAN S CASALE CPA MST
Signature of Authorized Person

Form No. 632
Revised 09/07

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