

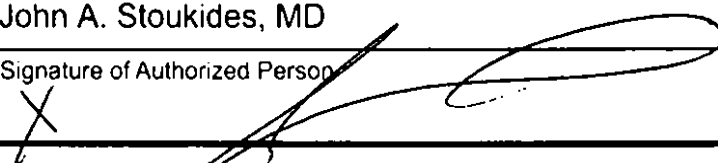


**State of Rhode Island  
Department of State - Business Services Division**

Annual Report for the year: 2024  
**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 <b>000132171</b>		2. Exact name of the Limited Liability Company <b>RHODE ISLAND MOOD AND MEMORY INSTITUTE, LLC</b>	
3. NAICS Code <b>622310</b>		4. Brief description of the character of business conducted in Rhode Island <b>comprehensive neurological studies</b>	
5. State of Formation <b>RI</b>			
6. Principal Office Address <b>1018 Waterman Avenue</b>		City <b>East Providence</b>	State <b>RI</b>
Zip <b>02914</b>			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>John A. Stoukides, MD</b>		Contact Title <b>Manager</b>	
Street Address <b>1018 Waterman Avenue</b>		City <b>East Providence</b>	State <b>RI</b>
Zip <b>02914</b>			
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. <i>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.</i>			
Name of Authorized Person <b>John A. Stoukides, MD</b>		Date <b>X 2/20/24</b>	
Signature of Authorized Person 			

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: [www.sos.ri.gov](http://www.sos.ri.gov)