



State of Rhode Island and Providence Plantations  
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: September 1 - November 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:** 2012

**1. ID No.** 000591669

**2. Exact Name of the Limited Liability Company** Wickford Family Medicine LLC

**3. State of Formation**

State: RI

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

Solo family practice providing medical care.

**5. Principal Office Address**

No. and Street: 320 PHILLIPS STREET  
SUITE 204

City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: USA

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

Contact Name: JOHN MACHATA MD Contact Title: SOLE OWNER

No. and Street: 320 PHILLIPS STREET  
SUITE 204

City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

JOHN JOSEPH MACHATA 103 WEST MAIN STREET NORTH KINGSTOWN , RI 02852

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

**Signed this 3 Day of September, 2012 at 6:44:03 AM 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 JOHN MACHATA  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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