



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 150232		2. Exact name of the limited liability company Axiom Occupational Health, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island TO PRACTICE OCCUPATIONAL MEDICINE AND TO DO ANY AND ALL ACTS OR THINGS NECESSARY TO ACCOMPLISH SAME			
5. Principal office address 100 SMITHFIELD AVENUE		City PAWTUCKET		State RI	Zip 02860
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name STEVEN G. McCLOY, M.D.		Contact Title MEMBER			
Street Address 100 SMITHFIELD AVENUE		City PAWTUCKET		State RI	Zip 02860
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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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.

Signature of Authorized Person
STEVEN G. McCLOY, M.D.

09-05-12
Date

Print or Type Name of Authorized Person