



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 **2013**

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. 159531		2. Exact name of the limited liability company OLYMPIC CORE ORTHOTICS, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island RETAIL ORTHOTICS			
5. Principal office address 1181 AQUIDNECK AVENUE		City MIDDLETOWN	State RI	Zip 02842	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name RAYMOND B. REID, JR.		Contact Title MANAGER			
Street Address 1181 AQUIDNECK AVENUE		City MIDDLETOWN	State RI	Zip 02842	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE • DO NOT LIST MEMBERS (“X” BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name RAYMOND B. REID, JR.		Manager Name DONALD H. LEVINE			
Street Address 1181 AQUIDNECK AVENUE		Street Address 1181 AQUIDNECK AVENUE			
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
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.					

FILED

SEP 09 2013

By *MNR*
CA #19969

File Date	
Check No	
By	
FOR SECRETARY OF STATE USE ONLY	

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

Date

Print or Type Name of Authorized Person