



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. 000788360		2. Exact name of the limited liability company DOYLE SLEEP SOLUTIONS LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island SLEEP APNEA SUPPLIES AND SERVICES			
5. Principal office address 172 ARMISTICE BLVD		City PAWTUCKET		State RI	Zip 02860
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JAMES E DOYLE II		Contact Title MANAGER			
Street Address 172 ARMISTICE BLVD.		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) <input type="checkbox"/>					
Manager Name JAMES E. DOYLE II		Manager Name JOSEPH S. ROCHA			
Street Address 8 MASSASOIT AVE		Street Address 3 LAUREN DR.			
City PAWTUCKET	State RI	Zip 02861	City SEEKONK	State MA	Zip 02771
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

JAN 21 2014

File Date BY 10115

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.

James E. Doyle II 01/17/2014
Signature of Authorized Person Date

JAMES E. DOYLE II, MANAGER

Print or Type Name of Authorized Person