



**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. <u>324846</u>		2. Exact name of the limited liability company <u>Ocean State Podiatry and Associates, LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Medical offices</u>			
5. Principal office address <u>524 Central Avenue</u>			City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02861</u>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>William S. Nangleton</u>			Contact Title <u>Owner/Manager</u>		
Street Address <u>1410 Warwick Hill</u>			City <u>Warwick</u>	State <u>RI</u>	Zip <u>02888</u>
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 <u>William S. Nangleton</u>			Manager Name		
Street Address <u>1410 Warwick Hill</u>			Street Address		
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02888</u>	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.					

**FILED**

APR 21 2014

File Date BY 0222745

Check No 4:08

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.

William S. Nangleton 4/24/14  
 Signature of Authorized Person Date  
William S. Nangleton - owner/manager  
 Print or Type Name of Authorized Person

2014 APR 21 PM 4:  
 SECRETARY OF STATE  
 CORPORATIONS DIVISION