



**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. <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>	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>					
Contact Name <u>William S Naughton</u>		Contact Title <u>Owner/Manager</u>			
Street Address <u>1410 Warwick Ave</u>		City <u>Warwick</u>	State <u>RI</u>	Zip <u>02888</u>	
<b>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"/></b>					
Manager Name <u>William S Naughton</u>		Manager Name			
Street Address <u>1410 Warwick Ave</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
<b>8. RESIDENT AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

2014 APR 21 PM 4:07  
 SECRETARY OF STATE  
 CORPORATIONS DIV

**FILED** ✓

APR 21 2014

BY Mr 222 745  
4:07

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.

William S Naughton 4/4/14  
 Signature of Authorized Person Date  
William S Naughton - Owner/Manager  
 Print or Type Name of Authorized Person