



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. ID No. 000793562

2. Exact Name of the Limited Liability Company Professional Disability Associates, LLC

3. State of Formation

State: ME

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

Professional Disability Associates is a consulting company providing specialty risk resources, including medical and vocational services. Currently we do not conduct business in Rhode Island.

5. Principal Office Address

No. and Street: ONE MONUMENT SQUARE, STE 201

City or Town: PORTLAND

State: ME Zip: 04101 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: SUSAN ADEN Contact Title: CUSTOMER SUPPOT SPECIALIST

No. and Street: ONE MONUMENT SQUARE, STE. 201

City or Town: PORTLAND

State: ME Zip: 04101 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	KEVIN RILEY	ONE MONUMENT SQUARE, STE 201 PORTLAND , ME 04101 USA
MANAGER	DONALD W. ABBOTT MD	ONE MONUMENT SQUARE, STE 201 PORTLAND, ME 04101 USA
MANAGER	ALPHONSE HEMOND	ONE MONUMENT SQUARE, STE 201 PORTLAND, ME 04101 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 3 Day of September, 2014 at 1:25:31 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By SUSAN ADEN
Signature of Authorized Person

Form No. 632
Revised 09/07

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