



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 **2014**

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. <b>162343</b>		2. Exact name of the limited liability company <b>Ralph F. Santoro, MD, LLC</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Medical Practice</b>			
5. Principal office address <b>3 Partridge Drive</b>		City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	
6. CONTACT PERSON TO WHOM ALL CORRESPONDENCE SHOULD BE SENT					
Contact Name <b>Ralph A. Santoro, MD</b>		Contact Title <b>Authorized Member</b>			
Street Address <b>3 Partridge Drive</b>		City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	
7. LIST ALL MANAGERS, NAME AND ADDRESS OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE, AND INDICATE WHETHER EACH IS AN ATTORNEY					
Manager Name <b>None</b>		Manager Name <b>None</b>			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name <b>None</b>		Manager Name <b>None</b>			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. BOARD OF MANAGERS IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED**

**OCT 08 2014**

**BY** 1493



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

**Ralph A. Santoro, MD, LLC**

Print or Type Name of Authorized Person