

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

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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. 158309		2. Exact name of the limited liability company Mark Rosenberg, M.D., LLC					
3. State of Formation Rhode Island		Brief description of the character of business conducted in Rhode Island Medical office and any other activities allowed by law.					
5. Principal office address 725 Reservoir Avenue, Suite 102			City Cranston	State RI	Zip 02910		
6. MAILING ADDRESS O	FLIMITED LIABILI	TY COMPANY AND N	AME OR TITLE OF CONTACT	PERSON:	Was A Tree Control		
Contact Name Mark Rosenberg, M.D.		Contact Title Member					
Street Address 725 Reservoir Avenue, Suite 102			City Cranston	State RI	Zip 02910		
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD	PRESSES) OF THE LI	MITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS		
Manager Name Mark Rosenberg, M.D.			Manager Name				
Street Address 725 Reservoir Avenue, Suite 102			Street Address				
City Cranston	State RI	Zip 02910	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
This information is currer	ntly of record in the	Office of the Secret	ary of State. Changes require				

FILED

OCT 2 ; 2014

File Date	<u>: </u>	Under penal ty of perjury, I declare and this report, including any accompanyi <u>r</u>	affirm that I have examined og schedules and statements,	
		and that all statements contained herein are true and correct.		
Check No			A Colin	
Ву:	·	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY		Mark Rosenberg, M.D. Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012