



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. 000088125

2. Exact Name of the Limited Liability Company Newport, Physician Organization, LLC

3. State of Formation

State: RI

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

MEDICAL MANAGEMENT OF PATIENTS WITH MANAGED CARE MED INS. THIS BUSINESS CLOSED AS OF OCTOBER FIRST 2014.

5. Principal Office Address

No. and Street: 294 VALLEY ROAD  
City or Town: MIDDLETOWN State: RI Zip: 02842 Country: USA

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

Contact Name: WILLIAM CONNELL Contact Title: DR  
No. and Street: 294 VALLEY ROAD  
City or Town: MIDDLETOWN State: RI Zip: 02840 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
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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

WILLIAM CONNELL, MD 230 BELLEVUE AVENUE NEWPORT, RI 02840

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

**Signed this 27 Day of October, 2014 at 2:56:42 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 WILLIAM CONNELL MD  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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