



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. 000797866

2. Exact Name of the Limited Liability Company Medical Cannabis Consultants, LLC

3. State of Formation

State: RI

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

Medical consultations that evaluate the risk and benefits from using medical marijuana as it pertains to a customers past and present health state in conjunction with the RI Department of Health's approved conditions.

5. Principal Office Address

No. and Street: 610 TEN ROD RD UNIT 1

City or Town: NORTH KINGSTOWN

State: RI

Zip: 02852

Country: USA

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

Contact Name: CHRISTOPHER D SANDS Contact Title: MANAGER

No. and Street: 610 TEN ROD RD UNIT 1

City or Town: NORTH KINGSTOWN

State: RI

Zip: 02852

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	FREDERICK JACCARINO MD	610 TEN ROD RD UNIT 1 NORTH KINGSTOWN, RI 02879 USA
MANAGER	CHRISTOPHER D SANDS	610 TEN ROD RD UNIT 1 NORTH KINGSTOWN, RI 02852 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CHRISTOPHER D. SANDS 45 MEADOW STREET WAKEFIELD , RI 02879

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

Signed this 6 Day of April, 2015 at 12:29:46 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 CHRISTOPHER D SANDS
Signature of Authorized Person

Form No. 632
Revised 09/07

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