



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: 2015

1. ID No. 000539865

2. Exact Name of the Limited Liability Company Affinity Physicians, LLC

3. State of Formation

State: RI

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

PHYSICIAN MEDICAL GROUP

5. Principal Office Address

No. and Street: 455 TOLL GATE ROAD

City or Town: WARWICK

State: RI

Zip: 02886

Country: USA

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

Contact Name: MICHAEL J. DACEY, M.D. Contact Title: PRESIDENT

No. and Street: 455 TOLL GATE ROAD

City or Town: WARWICK

State: RI

Zip: 02886

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	PAARI GOPALAKRISHNAN, M.D.	15 PARTRIDGE RUN EAST GREENWICH, RI 02818 USA
MANAGER	MICHAEL QUAS, M.D.	45 ANNAWAMSCOTT ROAD BARRINGTON, RI 02806 USA
MANAGER	DUANE GOLOMB, M.D.	1107 MAIN STREET COVENTRY, RI 02816 USA
MANAGER	JOSEPH SPINALE, M.D.	15 SPARROW LANE EAST GREENWICH, RI 02818 USA
MANAGER	CHESTER HEDGEPEETH	65 SKYLINE DRIVE

		WESTWOOD, MA 02090 USA
MANAGER	JOHN ISSAC, M.D.	135 GRAND VIEW ROAD EAST GREENWICH, RI 02818 USA
MANAGER	SEBASTIAN TROMBATORE M.D.	1240 HAWK ROAD EAST GREENWICH, RI 02818 USA
MANAGER	MICHAEL J. DACEY M.D.	44 BLACKSTONE AVENUE WARWICK, RI 02889 USA
MANAGER	PAUL BEAUDOIN	62 FARM DRIVE CUMBERLAND, RI 02864 USA

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

RUTH WOOD 455 TOLL GATE ROAD WARWICK , RI 02886

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

Signed this 24 Day of September, 2015 at 10:01:54 AM 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 MICHAEL J. DACEY, M.D.
Signature of Authorized Person

Form No. 632
Revised 09/07

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