



**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. 000891191

2. Exact Name of the Limited Liability Company sfr medical equipment llc

3. State of Formation

State: RI

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

supply CPM(Continuous Passive Motion) to patients after knee surgery.

5. Principal Office Address

No. and Street: 55 HOLLOW CIRCLE

City or Town: WEST WARWICK

State: RI

Zip: 02893

Country: USA

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

Contact Name: VOLMER JOSEPH Contact Title: MANAGER

No. and Street: 55 HOLLOW CIRCLE

City or Town: WEST WARWICK

State: RI

Zip: 02893

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 | MARIE ROUSSEAU | 55 HOLLOW CIRCLE WEST WARWICK, RI 02893 USA |
| MANAGER | STEPHANIA FENELON | 55 HOLLOW CIRCLE WEST WARWICK, RI 02893 USA |
| MANAGER | VOLMER JOSEPH | 55 HOLLOW CIRCLE WEST WARWICK, RI 02893 USA |

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER

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

STEPHANIA FENELON 55 HOLLOW CIRCLE WEST WARWICK , RI 02893

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

Signed this 25 Day of September, 2015 at 12:25:15 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 VOLMER JOSEPH
Signature of Authorized Person

Form No. 632
Revised 09/07

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