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
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

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. **000155296**	2. Exact name of the limited liability company **Medical Office Alternatives, LLC**		
3. State of Formation **RI**	4. Brief description of the character of business conducted in Rhode Island **Provide consulting services to medical offices**		
5. Principal office address **28 Keach Dam Road**	City **Chepachet**	State **RI**	Zip **02814**

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME/TITLE OF CONTACT PERSON

Contact Name **Therese Burke**	Contact Title **President**		
Street Address **28 Keach Dam Road**	City **Chepachet**	State **RI**	Zip **02814**

7. LIST ALL MANAGERS NAME(S) AND ADDRESS(ES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. (DO NOT LIST MEMBERS) (IF NO MANAGERS CHECK BOX) ☐

Manager Name **None**	Manager Name
Street Address	Street Address
City / State / Zip	City / State / Zip
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State / Zip

8. RESIDENT AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.

FILED
SEP 30 2015
BY [signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[signature] Therese Burke 9-26-2015
Signature of Authorized Person Date

Therese Burke
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012

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