

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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

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. 159206	2. Exact name of the limited liability company Doyle Respiratory LLC				
3. State of Formation 4	Brief description of the character of business conducted in Rhode Island Provides Respiratory Services				
5. Principal office address 172 Armistice Blvd.			City Pawtucket	State RI	Zip 02860
6. MAILING ADDRESS OF LIMITE Contact Name	D LIABILITY CO	MPANY AND NAME (OR TITLE OF CONTACT I	PERSON:	
James E. Doyle II			President/CEO		
Street Address 172 Armistice Blvd.			City Pawtucket	State RI	Zip 02860
7. LIST <u>ALL</u> MANAGERS (NAMES ("X" BOX FOR ATTACHMENT)		SES) OF THE LIMITED	LIABILITY COMPANY, I	F APPLICABLE - DO I	NOT LIST MEMBERS
Manager Name James E. Doyle II			Manager Name		
Street Address 172 Armistice Blvd.			Street Address		
City S Pawtucket F	State RI	Zip 02860	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
3. RESIDENT AGENT IN RHODE I				All - 202	2 (
This information is currently of re	ecord in the Offic	ce of the Secretary of	State. Changes require	filing Form 642.	<u> </u>
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		_258498 1:07	Under penalty of per	jury, I declare and affi	rm that I have examined
File Date			this report, including any accompanying schedules and statement and that all statements contained herein are true and correct.		
Check No			Domes & !) Le A	
Ву:	····		Signature of Authorize	d Person	Date
FOR SECRETARY OF STATE US		James E. Dolle II Print or Type Name of Authorized Person			

Form No. 632 Revised: 01/2012