



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. <b>000507320</b>		2. Exact name of the limited liability company <b>CAPITOL BILLING, LLC</b>	
3. State of Formation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>MEDICAL SERVICES BILLING AND COLLECTION</b>	
5. Principal office address <b>1830 MINERAL SPRING BLVD</b>		City <b>NORTH PROVIDENCE</b>	State <b>RI</b>
		Zip <b>02904</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name <b>ANTHONY G. FARINA, JR.</b>		Contact Title <b>MEMBER MANAGER</b>	
Street Address <b>1830 MINERAL SPRING BLVD</b>		City <b>NORTH PROVIDENCE</b>	State <b>RI</b>
		Zip <b>02904</b>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name <i>Brenda DeSignore</i>		Manager Name	
Street Address <i>1830 Mineral Spring Ave.</i>		Street Address	
City <i>North Providence</i>	State <i>RI</i>	City	State
Zip <i>02904</i>		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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**

OCT 19 2015

File Date

Check No

By

FOR SECRETARY OF STATE USE ONLY

BY *1189*

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 of Authorized Person

**ANTHONY G. FARINA, JR.**

Print or Type Name of Authorized Person

Date

*8/15/15*