



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. 112519		2. Exact name of the limited liability company Primary Care Associates of Johnston, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island Real Estate Development			
5. Principal office address 1539 Atwood Avenue Suite 101		City Johnston	State RI	Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Fred F. Ferri, MD		Contact Title Manager			
Street Address 20 Alpine Estates Drive		City Cranston	State RI	Zip 02921	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name Silvia Savoretti		Manager Name N/A			
Street Address 4 Erica Drive		Street Address			
City Lincoln	State RI	Zip 02865	City	State	Zip
Manager Name N/A		Manager Name N/A			
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

OCT 19 2015

BY 11755

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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

Date

Fred F. Ferri, MD

Print or Type Name of Authorized Person