	<b>State of Rhode Island and Providence Plantations</b> <b>Office of the Secretary of State</b>  Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040	Fee: \$50.00   <a href="#">LOGOUT</a>
<b>Limited Liability Company Annual Report</b> Filing Period: September 1 - November 1		
<p><i>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&amp;c)) is subject to a penalty fee of \$25.00.</i></p> <p style="text-align: right;"> <input type="button" value="Help with this form"/> </p>		
<b>ANNUAL REPORT YEAR:</b> <span style="border: 1px solid black; padding: 2px;">2015</span>		
<b>1. ID No.</b> <span style="border: 1px solid black; padding: 2px;">000631424</span>		
<b>2. Exact Name of the Limited Liability Company</b> <span style="border: 1px solid black; padding: 2px;">Integrative Center for Chronic Diseases, LLC</span>		
<b>3. State of Formation</b> State: <span style="border: 1px solid black; padding: 2px;">RI</span>		
<b>4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island</b> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>TO PROVIDE PATIENT CARE</p> <p style="text-align: center; font-size: 1.2em; font-weight: bold;">FILED</p> <p style="text-align: center;">OCT 23 2015</p> <p style="text-align: center;">BY <span style="font-size: 1.2em;">1449</span></p> </div>		
<b>5. Principal Office Address</b> No. and Street: <span style="border: 1px solid black; padding: 2px;">35 SOUTH ANGELL STREET</span> City or Town: <span style="border: 1px solid black; padding: 2px;">PROVIDENCE</span> State: <span style="border: 1px solid black; padding: 2px;">RI</span> Zip: <span style="border: 1px solid black; padding: 2px;">02906</span> Country: <span style="border: 1px solid black; padding: 2px;">USA</span>		
<b>6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:</b> Contact Name: <span style="border: 1px solid black; padding: 2px;">DONNA ZAKEN</span> Contact Title: <span style="border: 1px solid black; padding: 2px;">Owner</span> No. and Street: <span style="border: 1px solid black; padding: 2px;">35 SOUTH ANGELL STREET</span> City or Town: <span style="border: 1px solid black; padding: 2px;">PROVIDENCE</span> State: <span style="border: 1px solid black; padding: 2px;">RI</span> Zip: <span style="border: 1px solid black; padding: 2px;">02906</span> Country: <span style="border: 1px solid black; padding: 2px;">USA</span>		
<b>7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.</b> <b>DO NOT LIST MEMBERS</b>		
<div style="border: 1px solid black; padding: 5px;"> <span style="border: 1px solid black; padding: 2px;">Delete</span> </div>		

	Name	Address
		Address, City or Town, State, Zip Code, Country
<input type="checkbox"/>	DONNA ZAKEN	35 SOUTH ANGELL STREET PROVIDENCE, RI 02906 USA

First Name: Donna

Address: 35 So. Angell

Middle Name:

City: Providence

Last Name: Zaken

State: RI Zip: 02906

Suffix: APRN

Country:

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**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

DONNA ZAKEN, RNP 35 SOUTH ANGELL STREET PROVIDENCE , RI 02906

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

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**Filer's Contact Information**  
*(Enter a contact name, mailing address and email.)*

Contact Name: DONNA ZAKEN

Business Name: Integrative Center

No. and Street: 35 South Angell St

City or Town: Providence

Contact Phone: 401 585 7877 ext:

Contact Email:

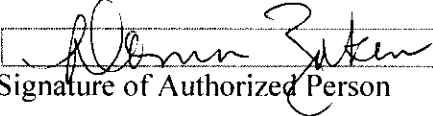
- Same Address as - ☒

State: RI Zip: 02906 Country: USA

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

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**Signed this 8 Day of September, 2015 at 10:23:59 AM 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   
 Signature of Authorized Person

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-16. You hereby agree that any legal issues or causes of action arising from the submission of this

☒ Accept      ☐ Decline

Form No. 632  
 Revised 09/07