



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. 703206		2. Exact name of the limited liability company Candescent Eye Surgicenter LLC			
3. State of Formation Delaware		4. Brief description of the character of business conducted in Rhode Island Freestanding ambulatory surgical center with physicians and other medical staff providing surgical services (orthoscopic and cataract surgery) on an outpatient basis			
5. Principal office address 444 Quaker Lane		City Warwick		State RI	Zip 02886
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>					
Contact Name Carlos Missagia		Contact Title Controller			
Street Address 51 State Road		City North Dartmouth		State MA	Zip 02747
<b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS</b> (“X” BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Stephen M. Jenks		Manager Name			
Street Address 2 Oliver Street, 10th Floor		Street Address			
City Boston	State MA	Zip 02109	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
<b>8. RESIDENT AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

NOV 25 2015

BY CR 261945

11/23

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.

Carlos Missagia  
Signature of Authorized Person

11/24/15  
Date

Carlos Missagia

Print or Type Name of Authorized Person

File Date \_\_\_\_\_  
Check No \_\_\_\_\_  
By: \_\_\_\_\_  
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