



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>799277</b>		2. Exact name of the limited liability company <b>Allied Surgical Specialties, LLC</b>	
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Medical consultants</b>	
5. Principal office address <b>125 Winnapaug Road</b>		City <b>Westerly</b>	State <b>RI</b>
		Zip <b>02891</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>William A Nardone</b>		Contact Title <b>Registered Agent</b>	
Street Address <b>42 Granite Street</b>		City <b>Westerly</b>	State <b>RI</b>
		Zip <b>02891</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		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
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.			

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
MAR 25 AM 10:00

FILED *m*

MAR 25 2016

BY *Dr 270875*

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.

*Lori E Wycall* *3/21/16*  
Signature of Authorized Person Date

Lori E Wycall

Print or Type Name of Authorized Person