



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615
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Limited Liability Company Annual Report for the year: 2015

Filing period: September 1 - November 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Limited Liability Company			
139510		RHODE ISLAND DERMATOLOGY AND COSMETIC CENTER, LLC			
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island			
RHODE ISLAND		Dermatology & Cosmetic Services			
5. Principal Office Address		City	State	Zip	
3 WAKE ROBIN ROAD		LINCOLN	RI	02865	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
DANIEL VIDERS		MEMBER			
Street Address		City	State	Zip	
3 WAKE ROBIN ROAD		LINCOLN	RI	02865	
7. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment ☐					
8. Resident Agent in Rhode Island This information is publicly of record in the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person				Date	
DANIEL VIDERS - MEMBER				4-26-16	
Signature of Authorized Person					
SIGN DOCUMENT HERE					

FILED

MAY 03 2016

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