

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

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.

36 Appian Way	4. Brief des Practice	cription of the chara of psychiatric	cter of business conducted in Rhod	e Island		
36 Appian Way		Brief description of the character of business conducted in Rhode Island Practice of psychiatric medicine				
	5. Principal office address 36 Appian Way			State RI	Zip 02806	
MAILING ADDRESS OF LIMP ontact Name .ilia Romero-Bosch, MD		TY COMPANY AND	NAME OR TITLE OF CONTACT P Contact Title Member	ERSON:		
Street Address 36 Appian Way			City Barrington	State RI	Zip 02806	
LIST ALL MANAGERS (NAM ("X" BOX FOR ATTACHMENT	ES AND ADD	PRESSES) OF THE	LIMITED LIABILITY COMPANY, I	APPLICABLE - <u>Do</u>	NOT LIST MEMBERS	
anager Name			Manager Name		<u> </u>	
Street Address			Street Address			
y	State	Zip	City	State	Zip	
anager Name	<u> </u>		Manager Name		<u> </u>	
itreet Address			Street Address			
у	State	Zip	City	State	Zip 😽 💥	
RESIDENT AGENT IN RHODE			etary of State. Changes require f		3	
FIL MAY (LED 0 5 2016	1:39	etary of State. Changes require i	ing Form 642.	S PM 1:37	
By C li	2136 2007	738		any accompanying s s contained herein a	rm that I have examined chedules and statements re true and correct.	
FOR SECRETARY OF STATE USE ONLY			Lilia Romero-Bosch, MD Print or Type Name of Authorized Person			

Form No. 632 Revised: 01/2012 I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

