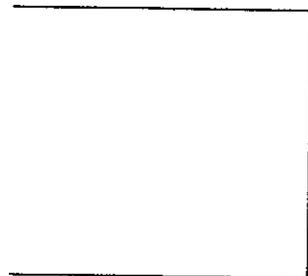




State of Rhode Island and Providence Plantations
Department of State - Business Services Division



Annual Report for the year: 2016
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 486008		2. Exact name of the Limited Liability Company BENJAMIN VOGEL M.D. LLC			
3. NAICS Code 621111		4. Brief description of the character of business conducted in Rhode Island Medical Practice			
5. State of Formation R.I.					
6. Principal Office Address 1 RANDALL SQUARE		City PROVIDENCE	State RI	Zip 02904	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name BENJAMIN VOGEL		Contact Title M.D.			
Street Address 65 EAST ORCHARD AVE		City PROVIDENCE	State RI	Zip 02906	
8. 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 <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with 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 BENJAMIN VOGEL				Date 9/6/2016	
Signature of Authorized Person 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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