



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

| [LOGOUT](#) |

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1



Help with this form

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. ID No. 000631424

2. Exact Name of the Limited Liability Company Integrative Center for Chronic Diseases, LLC

3. State of Formation

State: RI

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

Health Care and Social Assistance

62

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

TO PROVIDE PATIENT CARE

FILED

SEP 12 2016

By 1685

5. Principal Office Address

No. and Street: 35 SOUTH ANGELL STREET

City or Town: PROVIDENCE

State: RI

Zip: 02906

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

- \$501,000 - \$1,000,000
- Over \$1,000,000

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: Donna Zaken

Business Name: Integrative Center for Chronic

No. and Street: 35 So. Angell Street - Same Address as -

City or Town: Providence State: RI Zip: 02906 Country: USA

Contact Phone: 4015857077 ext:

Contact Email: medicalnpo@gmail.com Clear

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 6 Day of September, 2016 at 12:13:09 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By

Signature of Authorized Person

By selecting **ACCEPT** you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-16. You hereby agree that any legal issues or causes of action arising from the submission of this

- Accept
- Decline

[Click HERE to Submit This Information](#)

Form No. 632
Revised 09/07

© 2007 - 2016 State of Rhode Island and Providence Plantations
All Rights Reserved



FILED

SEP 12 2016

By 1185
LJ