



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

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2016**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

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.

1. ID No. 485649		2. Exact name of the limited liability company Kent County Legal Nurse Consulting, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island nurse consulting			
5. Principal office address P.O. Box 169		City Coventry	State RI	Zip 02816	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Christine T. Gosselin			Contact Title		
Street Address P.O. Box 169		City Coventry	State RI	Zip 02816	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS - (X) BOX FOR ATTACHMENT <input type="checkbox"/>					
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
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name Kevin G. Dodd, Esq.			Address		
Address 215 Broadway		City Providence	Zip 02903		

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**FILED**

SEP 21 2016

*Christine Gosselin*

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.

*Christine Gosselin, member of LLC*  
Signature of Authorized Person Date 9.15.16

Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
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