



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

No Fee

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

Domestic Limited Liability Company
Annual Report - Amended

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2016

1. ID No. 000799460

2. Exact Name of the Limited Liability Company OCEAN STATE URGENT CARE CENTER OF CUMBERLAND, LLC

3. State of Formation

State: RI

ARTICLE III

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

NAICS Code

6

62

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

HEALTH SERVICES

5. Principal Office Address

No. and Street: TWO WAKE ROBIN ROAD, SUITE 103

City or Town: LINCOLN

State: RI Zip: 02865 Country: USA

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

Contact Name: FRANK M. D'ALESSANDRO, M.D. Contact Title: MANAGER

No. and Street: TWO WAKE ROBIN ROAD, SUITE 103

City or Town: LINCOLN

State: RI Zip: 02865 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.

DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	FRANK DALESSANDRO M.D.	TWO WAKE ROBIN ROAD, SUITE 103 LINCOLN, RI 02865 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

BRUCE A. WOLPERT, ESQ. 10 DORRANCE STREET, SUITE 530 PROVIDENCE , RI 02903

Signed this 22 Day of September, 2016 at 4:40:48 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 JUDITH A. JAVERY
Signature of Authorized Person

Form No. 632
Revised 09/07

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State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

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:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

