HOPE

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 112519	2. Exact name of the Limited Liability Company PRIMARY CARE ASSOCIATES OF JOHNSTON, LLC						
3. NAICS Code 53 - Real Estate and Rental and	Brief description of the character of business conducted in Rhode Island REAL ESTATE DEVELOPMENT						
5. State of Formation RI							
6. Principal Office Address 1539 ATWOOD AVENUE SUITE	101		City JOHNSTON	State RI	Zip 02919		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name FRED F. FERRI, MD			Contact Title MANAGER				
Street Address 20 ALPINE ESTA	eet Address 20 ALPINE ESTATES DRIVE		City CRANSTON	State RI	^{Zip} 02921		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name SILVIA SAVORETTI			Manager Name N/A				
Street Address 4 ERICA DRIVE			Street Address				
City LINCOLN	State RI	^{Zip} 02865	City	State	Zip		
Manager Name N/A			Manager Name N/A				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Check the box to indicate an attachment							
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 Date							
FRED F. FERRI, MD 1. 1-16-16							
Signature of Authorized Person SIGN DOCUMENT HERE							

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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