



**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

**Limited Liability Company  
Annual Report**

*Filing Period: September 1 - November 1*

*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. 001659410**

**2. Exact Name of the Limited Liability Company SRC East Side, LLC**

**3. State of Formation**

State: MA

**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**

TO OWN AND /OR OPERATE HEALTHCARE FACILITIES AND TO PROVIDE  
HEALTHCARE SERVICES AND ANY AND ALL RELATED AND ANCILLARY SERVICES,  
AND TO CARRY ON ANY RELATED OR UNRELATED LAWFUL BUSINESS, TRADE,  
PURPOSE OR ACTIVITY, AS REQUIRED BY LAW

**5. Principal Office Address**

No. and Street: 63 KENDRICK STREET

City or Town: NEEDHAM

State: MA Zip: 02494 Country: USA

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

Contact Name: MICHAEL S. BENJAMIN Contact Title: CLERK

No. and Street: 63 KENDRICK STREET

City or Town: NEEDHAM

State: MA Zip: 02494 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

MANAGER

SCOTT SCHUSTER

63 KENDRICK STREET  
NEEDHAM, MA 02494 USA

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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
PROVIDENCE, RI 02914

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

**Signed this 7 Day of October, 2016 at 11:17:05 AM 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 MICHAEL S. BENJAMIN  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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