RI SOS Filing Number: 201610035590 Date: 10/07/2016 4:00 PM

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	2. Exact name of the Limited Liability Company		
143478	**Jeffrey M. Wilson, M.D., LLC**		
3. NAICS Code 62 - Health Care and Social Ass	4. Brief description of the character of business conducted in Rhode Island **Medical Practice**		
5. State of Formation **Rhode Island**			
6. Principal Office Address **65 Sockanosset Crossroad, Suite 301**	City **Cranston**	State **RI**	Zip **02910**

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

Contact Name **Jeffrey M. Wilson, M.D., LLC**	Contact Title		
Street Address	City	State	Zip

8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

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

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 **Jeffrey M. Wilson, M.D.**	Date 10/4/16
Signature of Authorized Person SIGN DOCUMENT HERE	

RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS. DIV.
2016 OCT -7 A11:53

FILED
OCT 07 2016
By 2112 A.A.

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

142906-1-1158227

FORM 632 - Revised: 08/2016