



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.** 000141358

**2. Exact Name of the Limited Liability Company** Surgical and Cosmetic Dermatology of Rhode Island, 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**

SURGICAL AND COSMETIC DERMATOLOGY PRACTICE

**5. Principal Office Address**

No. and Street: ONE RANDALL SQUARE, SUITE 306

City or Town: PROVIDENCE

State: RI Zip: 02904 Country: USA

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

Contact Name: MARINA KUPERMAN-BEADÉ Contact Title: OWNER

No. and Street: ONE RANDALL SQUARE, SUITE 306

City or Town: PROVIDENCE

State: RI Zip: 02904 Country: USA

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

| Title   | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|---------|------------------------------------------------|------------------------------------------------------------|
| MANAGER | MARINA KUPERMAN BEADÉ                          | ONE RANDALL SQUARE, SUITE 306<br>PROVIDENCE, RI 02904 USA  |

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

MARC A. GREENFIELD, ESQ. ONE SHIP STREET PROVIDENCE , RI 02903

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

**Signed this 12 Day of October, 2016 at 8:19:50 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 MARINA KUPERMAN-BEADE  
Signature of Authorized Person

Form No. 632  
Revised 09/07