



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. 000128785

2. Exact Name of the Limited Liability Company BACK PAIN INSTITUTE 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

HEALTH SERVICES

5. Principal Office Address

No. and Street: 134 THURBERS AVENUE, SUITE 205

City or Town: PROVIDENCE

State: RI Zip: 02905 Country: USA

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

Contact Name: JEFFREY NEWMAN Contact Title: PRINCIPAL

No. and Street: 134 THURBERS AVENUE, SUITE 205

City or Town: PROVIDENCE

State: RI Zip: 02908 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
-------	--	--

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

JEFFREY Z. NEWMAN 134 THURBERS AVENUE, SUITE 205 PROVIDENCE , RI 02905

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

Signed this 14 Day of October, 2016 at 12:37:38 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 JEFFREY Z NEWMAN
Signature of Authorized Person

Form No. 632
Revised 09/07

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