RI SOS Filing Number: 201610372550 Date: 10/14/2016 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		
792767	**DIABETES CARE SOLUTIONS, LLC**		
3. NAICS Code 62 - Health Care and Social Ass	4. Brief description of the character of business conducted in Rhode Island **DIABETES CARE**		
5. State of Formation **RI**			
6. Principal Office Address **600 PUTNAM PIKE**	City **GREENVILLE**	State **RI**	Zip **02828**

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

Contact Name	Contact Title		
KRISTINE BATTY	**MEMBER**		
Street Address **112 INDIAN RUN TRAIL**	City **SMITHFIELD**	State **RI**	Zip **02917**

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	Date
KRISTINE BATTY, MEMBER	10-10-16
Signature of Authorized Person	

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

FILED
OCT 14 2016
BY 1009

143113-27-1159881

FORM 632 - Revised: 08/2016