



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 154843		2. Exact name of the Limited Liability Company SCHB, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Medical Office Building			
5. Principal Office Address 3461 South County Trail		City East Greenwich		State RI	Zip 02818
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Stephen J. DiGianfilippo, Esq.		Contact Title Attorney			
Street Address 50 Park Row West, Suite 111		City Providence		State RI	Zip 02903
7. 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 <input type="checkbox"/>					
8. Resident Agent in Rhode Island. This information is currently of record in 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 Nancy A. Greim, Member				Date 10/2/16	
Signature of Authorized Person <i>Nancy A. Greim, member</i>				SIGN DOCUMENT HERE	

FILED

OCT 14 2016

By *11505*
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MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov