

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 Evact name	of the Limited Lie	hility Company			
151208	Exact name of the Limited Liability Company Ocean State Primary Care, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
62 - Health Care and Social Ass	medical services provider					
5. State of Formation]					
Rhode Island						
6. Principal Office Address			City	State	Zip	
176 Tollgate Road, Suite 203			Warwick	RI	02886	
7. Mailing Address of Limited Lia		and Name or Title				
Contact Name Farhat Ibrahim, M.D.		Contact Title member				
Street Address 176 Tollgate Road, Suite 203			City Warwick	State RI	^{Zip} 02886	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name Farhat Ibrahim, M.D.		Manager Name				
Street Address same			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 Islan	d. This information	is currently of reco	rd with the Department of			
Under penalty of perjury, I deci statements, and that all statem	are and affirm t	hat I have exami	ined this report, includ	ling any accompanying s	schedules and	
Name of Authorized Person				Date	,	
Farhat Ibrahim, M.D.				10/14/2016		
Signature of Authorized Person .						
				FIL	ED	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 532 - Revised: 08/2016